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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **434609** **(4)**

1. Corporation Name
FLETCHER LAND CORPORATION

Principal Place of Business	Mailing Address
4400 MARSH LANDING BLVD P.O. BOX 1219 ZIP: 32004 PONTE VEDRA BEACH FL 32082	4400 MARSH LANDING BLVD P.O. BOX 1219 ZIP: 32004 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/07/1973**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): Suite, Apt #, etc (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt #, etc (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **59-1502740** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAYLOR, JAMES S.
200 W. FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD	11 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, JEROME S	12 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	13 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	HUTCHINSON, FRANCES, F	22 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	23 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	MELCHING, STEPHEN D	32 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	33 STREET ADDRESS	
CITY ST ZIP	PONTE VEDERA BCH FL	34 CITY ST ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, PAUL Z	42 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	43 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	BROADUS, M. GLORIA	52 NAME	
STREET ADDRESS	4400 MARSH LANDING BLVD	53 STREET ADDRESS	
CITY ST ZIP	PONTE VEDRA BCH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances F. Hutchinson 4/18/95 (904) 285-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frances F. Hutchinson

0004740 CP