

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 454729

(5)

1. Corporation Name

LAND INVESTMENT COMPANY OF WINTER HAVEN, INC.

Principal Place of Business

236 AVENUE D. SW
BOX 2498
WINTER HAVEN FL 33880

Mailing Address

236 AVENUE D. SW
BOX 2498
WINTER HAVEN FL 33880

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

BRAISTED, LAWRENCE
146 AVE B, NW
WINTER HAVEN, FL
33880

3. Date Incorporated or Qualified
06/14/1974

3a. Date of Last Report
03/03/1995

4. FEI Number
59-1546098

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. 190.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0002 and 607.1504, 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 607.0003, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ELMORE, TRAVIS C	
STREET ADDRESS	50 RANCH TRAIL RD	
CITY- ST- ZIP	HAINES CITY, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY- ST- ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

33844

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(9), 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 registered or transfer agent or stockholder. I declare under penalty of perjury that the report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this change of office or agent form with an address.

SIGNATURE: *Travis C Elmore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 941-294-1945

CR2E034 (12/95)