FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:40

DOCUMENT # **457600** **(5)**

1. Corporation Name

LAND RESOURCES INVESTMENT CO.

Principal Place of Business	Mailing Address
ATTN: DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408	ATTN: DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/28/1974**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1565989** ☐ 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

LEON, J E
9250 W. FLAGLER ST.
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition	
NAME	FRANK, S. E.	1.2 NAME	Delete	
STREET ADDRESS	700 UNIVERSE BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH. FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	☐ Change ☐ Addition	
NAME	HERTZ, JAMES E	2.2 NAME		
STREET ADDRESS	11770 US HWY #1	2.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition	
NAME	DAVIS, K MICHAEL	3.2 NAME		
STREET ADDRESS	9250 W FLAGLER ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	☐ Change ☐ Addition	
NAME	COYLE, DENNIS P	4.2 NAME		
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUNO BCH FL	4.4 CITY-ST-ZIP		
TITLE	DV	5.1 TITLE	☐ Change ☐ Addition	
NAME	CHISM, JOHN M.	5.2 NAME		
STREET ADDRESS	11770 U S HIGHWAY ONE	5.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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: **Dennis P. Coyle** **March 20, 1995** **(407) 694-4644**
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0247013 CP