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 MAR 21 PM 2:36

DOCUMENT # 490410 (8)

1. Corporation Name
WEST LAKELAND LAND CO., INC.

Principal Place of Business	Mailing Address
2525 DRANE FIELD RD #5 LAKELAND FL 33811-1360 US	2525 DRANE FIELD RD #5 LAKELAND FL 33811-1360 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1975
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21 2600 South Florida Ave.
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Lakeland, Fl.
Zip 24 33803 Country 25 Polk

2a. Mailing Address
26 2600 South Florida Ave.
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Lakeland, Fl.
Zip 29 33803 Country 30 Polk

4. FEI Number: 59-1690057 ☐ 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

FRIDOVICH, ANTHONY S.
2525 DRANE FIELD RD., #5
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 2600 South Florida Avenue #100
83
84 City Lakeland FL 85 Zip Code 33803

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	SD	1.1 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	MCCALL, MARY JANE	1.2 NAME	McCall, Mary Jane	
STREET ADDRESS	423 EL CAMINO REAL NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☒ Change ☐ Addition
NAME	FRIDOVICH, ANTHONY S.	2.2 NAME	Fridovich, Anthony S.	
STREET ADDRESS	26525 DRANE FIELD RD., #5	2.3 STREET ADDRESS	2600 South Florida Avenue #100	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Fl. 33803	
TITLE	O	3.1 TITLE	D	☒ Change ☒ Addition
NAME	GUREN, SHELDON B.	3.2 NAME	Hirsch, Debbie Lee	
STREET ADDRESS	800 BRICKELL AVE.	3.3 STREET ADDRESS	2635 West Ariana	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Lakeland, Fl. 33801	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: Mary Jane McCall 3-15-95 (813) 680 3322
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Mary Jane McCall, Vice President

0318373 CP