

FILED

May 06 1997 8:00am  
Secretary of State

<div>PROFIT CORPORATION ANNUAL REPORT 1997</div> <div>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</div>		<div>May 06 1997 8:00a</div> <div>Secretary of State</div>	
<div>DOCUMENT # 504585 (1)</div> <div>1. Corporation Name LANCASTER LAND COMPANY OF OKALOOSA COUNTY, INC.</div>			
<div>Principal Place of Business 151 MARY ESTHER BLVD 807B MARY ESTHER FL 32549 US</div>		<div>Mailing Address P.O. BOX 22 P.O. BOX 22 FT. WALTON BCH FL 32549-0022 US</div>	
<div>2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City &amp; State 23 Zip 24 Country</div>		<div>2a. Mailing Address 26 Suite, Apt. #, etc. 27 City &amp; State 28 Zip 29 Country</div>	
<div>3. Date incorporated or Qualified 06/04/1976</div>		<div>3a. Date of Last Report 05/01/1996</div>	
<div>4. FEE Number 59-1670706</div>		<div>Applied For Not Applicable</div>	
<div>5. Certificate of Status Desired \$8.75 Additional Fee Required</div>		<div>6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees</div>	
<div>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No</div>		<div>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No</div>	
<div>9. Name and Address of Current Registered Agent LANCASTER, ROBERT B. 11B PARK CIRCLE FT WALTON BCH. FL 32549</div>		<div>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</div>	
<div>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.</div>			
<div>SIGNATURE Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</div>			
<div>12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP P LANCASTER, ROBERT B. 240 HOLLYWOOD BLVD. SE FT WALTON BEACH FL DELETE</div>		<div>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition</div>	

**SIGNATURE-**

POKRYT B LANCASTER 25 APRIL 97 90A-244-0273

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