

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **544478**  
1. Corporation Name  
**LAND & HOMES, INC.**

Principal Place of Business Mailing Address  
**RT. 5 Box 4352**  
**LAKE BUTLER, FLORIDA 32054**

2. Principal Place of Business 2a. Mailing Address  
21 **RT 5 Box 4352** 26 **RT. 5 Box 4352**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **LAKE BUTLER, FL.** 28 **LAKE BUTLER, FL.**  
Zip Country Zip Country  
24 **32054** 25 **USA** 29 **32054** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**1977** **4/95**  
4. FEI Number Applied For  
**59-1792133** 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

10. Name and Address of New Registered Agent

81 Name **Alfred W. Torrance II**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**601 S. First St**  
83  
84 City **LAKE CITY** FL 85 Zip Code **32025**

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 **Alfred W. Torrance II** **5-10-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME 1.2 NAME  
STREET ADDRESS 1.3 STREET ADDRESS  
CITY-ST-ZIP 1.4 CITY-ST-ZIP  
TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME 2.2 NAME  
STREET ADDRESS 2.3 STREET ADDRESS  
CITY-ST-ZIP 2.4 CITY-ST-ZIP  
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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)(k), 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: **Jesse R. Bielling, IV** **4/26/96** **904-755-4162**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)