## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** PROFIT Feb 02 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 549965 Y & S LAND COMPANY Principal Place of Business Mailing Address 4472 NE 4 ST 4472 NE 4 ST OCALA FL 34470 OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/19/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1776021 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YATES, LOIS C 4472 NE 4 ST Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34470 ₿3 84 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. (NOTF. Registered Agont signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PSD DELETE 1.1 TITLE ☐ Change Addition NAME YATES, LOIS C 1.2 NAME STREET ADDRESS 4472 NE 4 ST 1.3 STREET ADORESS OCALA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE STEVENS, ROBERT L. NAME 2.2 NAME STREET ADDRESS **1311 NE 42 STREET** 2.3 STREET ADDRESS OAKLAND PARK FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition YATES, LOIS C. NAME 3.2 NAME 2851 W. HWY 318 STREET ADDRESS 3.3 STREET ADDRESS ORANGE LAKE FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETÉ TITLE 4.1 TITLE Change Addition MALE STEVENS, CARYL R. 4. 2 NAME STREET ADDRESS **1311 NE 42 STREET** 4.3 STREET ADDRESS QAKLAND PARK FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing 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 chapter 607, or on an attachment with an address. 1-28-98 357-1211-7120

64 CITY-ST-ZIP

CITY-ST-ZIP