FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION ANNUAL REPORT Secretary of State Division of Corporations DOCUMENT # 640629 1. Corporation Name DOCUMENT # 640629 LIBERTY LAND CORP. Principal Place of Business WILDER RD AND 17TH 810 WILDER RD BIG PINE KEY FL 33043 6630 2. Principal Place of Business 3.58 Pueckseas Hay

FILED Jun 30 1998 8:00am Secretary of State



Principal Place	ot Business	Mailing Address		1 (48) (6 6) (6) (6) (6) (6) (6) (6) (6) (6)	f Arate avert arate arais Arate table
WILDER RD AND 17TH 610 WILDER RD					
RT 1 BOX 5	81 <u>:</u> Ey F il 33043-6630	BIG PINE KEY FL 33043 US		DO NOT WRITE IN TH	IS SPACE
ON TIME NO	: 1 FL 33043-0030	US		3. Date Incorporated or Qualified	O OI MOL.
	= -			08/28/1979	
2. Principal Pi		2a. Mailing Address		, 4. FEI Number	Applied For
21 303	587 Overseastly	26 3058700	reasers Itu	65-0131640	Not Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certaicate of Status Desired	Fee Required
City & State	Pinky Fl	City & State.	~	6. Election Campaign Financing	\$5.00 May Be
23 1919 1	Country	28 Dig Finger	Country	Trust Fund Contribution	Added to Fees
24 33	043 5000	29 33043	30 125	8. This corporation owes or has paid the a Personal Property Tax due June 30.	current year Intangible
23	8. Name and Address of Current R			10. Name and Address of New Registers	
S)	AITH, GARY V. ESQUIRE		81 Name	*	
200 AM 7 CTRECT			11 - 12 O D D 11 - 12 D 12 D 12 D 12 D 12 D 12 D		
MIAM FL 33125			Address (P.O. Box Number is Not Acceptable)	;	
	*		83		-
	3		04 00		10-1 70 0-1
	· •		84 City	F	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
	Signature, typical or printed name of regerered agent a		Registered Agent signature r		
TITLE	OFFICERS AND E	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	RICARD, PATRICIA L.	Appetite	1.1 TILLE 1.2 NAME		L change Addition
STREET ADDRESS	RT. 1, BOX 581				1
CITY-\$T-ZIP	BIG PINE KEY FL		1.3 STREET ADDRESS 1.4 City-S1-Zip		
TITLE	PD	☐ DELETE	2.1 TILE		Change Addition
NAME	PATRICIA L RICARD		2.2 NAME		
STREET ADDRESS	858 CARIBBEAN DR EAST		23 STREET ADDRESS		
CITY-ST-ZIP	\$UMMERLAND KEY FL		24 CITY: ST-ZIP	Passipunt/Tecasure	K
TITLE		DELETE	3.1 TITLE	President/TREASURE, FINLY O. RICARD 858 CARIBBERT DEL SUMMERIAND KEY, FL:	Change Addition
NAME			3.2 NAME	ach Cunilphun Det	3 .
STREET ADDRESS			3.3 STREET ADDRESS	858 CHRI DOUM!	
CITY-ST-ZIP	<u> </u>		3.4. CITY - ST - ZIP	SUMMERIAND KEY, FU	33042
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	4		4. 2 NAME		
STREET ADDRESS	# 1		4.3 STREET ADDRESS		
C(TY-ST-ZIP			4.4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DEFETE	51 TIFLE		☐ Change ☐ Addition
NAME	:		5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS	, L	
CITY-ST-ZIP	2	DELETE	54 City-S1-ZiP	10/20	Change Addition
TITLE	** 	La OLLETE	6.1 TITLE		
NAME CTOFFET ADDRESS			6.2 NAME	300007 5770 -07/01/3801016(1 (
STREET ADDRESS			6.3 STREET ADDRESS	***150,00	123
14. I hereby ca	artive that the information supplied with	this filing does not qualify for	6.4 CITY - ST - ZIP the exemption stated	d 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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 go an attachment with an address.					