

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PH 2:15

DOCUMENT # F12077 (6)

1. Corporation Name

ELAND DEVELOPMENT, INC. OF FORT MYERS

Principal Place of Business

**1850 BOY SCOTT DR #208
FT MYERS FL 33906
US**

Mailing Address

**P.O. BOX 60111
FT MYERS FL 33906
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/18/1980

3a. Date of Last Report

04/18/1994

4. FEI Number

59-2055457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1850 BOY SCOUT DR #208

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

**ELAND, CHARLES
8763 S LAKE CIR
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

Alan C Eland

82 Street Address (P.O. Box Number is Not Acceptable)

1850 Boy Scout Drive St. #208

83

84 City

Fort Myers

FL

85 Zip Code

33907

11. Pursuant to the provisions of Sections 607.0302 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, Sections 607.0302 and 607.1508, Florida Statutes.

SIGNATURE

[Signature of Alan C. Eland]

Alan C. Eland, President

4/10/95

(Signature, Name, Title, and Date of Registered Agent and line if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELAND, CHARLES
STREET ADDRESS	8763 S LAKE CIR
CITY - ST - ZIP	FT MYERS FL
TITLE	STD
NAME	ELAND, ALAN C.
STREET ADDRESS	1850 BOY SCOUT DR STE 208
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CEO	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2. TITLE	PRESIDENT	☒ Change ☐ Addition
2. NAME		
2. STREET ADDRESS	12580 Strathmore Loop	
2. CITY - ST - ZIP	FORT MYERS FL 33912	
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY - ST - ZIP		

14. I do hereby certify that the information submitted with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 officer 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, and that I am attaching a true and correct copy of the certificate of incorporation or articles of incorporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of Alan C. Eland]

3/30/95