

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90030 004 \*\*\*550.00

DOCUMENT # **F55350**  
Corporation Name

**CENTURY LAND CORPORATION**

Principal Place of Business

**5 MCKEE LANE  
RO BEACH FL 32960-4218**

Mailing Address

**115 MCKEE LANE  
VERO BEACH FL 32960-4218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/19/1981**

Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

**59-2236366**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

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

Zip

Country

Zip

Country

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FENNELL, DARRELL  
979 BEACHLAND BLVD.  
VERO BCH. FL 32963**

81 Name

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

83

84 City

**FL**

85 Zip Code

I. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ DELETE  
**S LINDQUIST, MELINDA**  
2. STREET ADDRESS  
**10095 DUDLEY DRIVE**  
3. CITY-STATE-ZIP  
**JAMSVILLE MD 21754**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

4. NAME ☐ DELETE  
**VP/D FENNELL, DARRELL**  
5. STREET ADDRESS  
**979 BEACHLAND BLVD**  
6. CITY-STATE-ZIP  
**VERO BEACH FL 32963**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

7. NAME ☐ DELETE  
**CTD MCKEE, D. LEWIS**  
8. STREET ADDRESS  
**115 MCKEE LANE**  
9. CITY-STATE-ZIP  
**VERO BEACH FL 32960-4218**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

10. NAME ☐ DELETE  
**P/D WALSH, BESSIE MCKEE**  
11. STREET ADDRESS  
**115 MCKEE LANE**  
12. CITY-STATE-ZIP  
**VERO BEACH FL 32960-4218**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

13. NAME ☐ DELETE  
14. STREET ADDRESS  
15. CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

16. NAME ☐ DELETE  
17. STREET ADDRESS  
18. CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: **Darrell Fennell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/1/99 561-567-9630**

CR2E034 (5/99)