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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F58262

(9)

1. Corporation Name
FLORILAND CORPORATION

Principal Place of Business

%JAMES W. PEEPLES, III
805 N. ORLANDO AVENUE
COCOA BEACH FL 32831

Mailing Address

%JAMES W. PEEPLES, III
805 N. ORLANDO AVENUE
COCOA BEACH FL 32831-3168

3. Date Incorporated or Qualified
12/11/1981

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 415 PINEDA CT.

Suite, Apt. #, etc.

22 Suite A

City & State

23 MELBOURNE, FL

Zip

24 32940

Country

2a. Mailing Address

26 415 PINEDA CT.

Suite, Apt. #, etc.

27 Suite A

City & State

28 MELBOURNE, FL

Zip

29 32940

Country

30

4. FEI Number
59-2261724

Applied For
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

PEEPLES III, JAMES W.
805 N. ORLANDO AVENUE
COCOA BEACH FL 32831

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER J. COLEMAN, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
1800 W. HIBISCUS AVE.
83 Suite 138
84 City Melbourne, FL 85 Zip Code 32901

11. Pursuant to the provisions of Section 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 for 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 re-registering)

3/18/97

12. OFFICERS AND DIRECTORS

TITLE V CLERC, JEAN YVES ☐ DELETE

NAME CLERC, JEAN YVES
STREET ADDRESS 415 PINEDA CT Suite A
CITY-ST-ZIP MELBOURNE FL

TITLE POST ☒ DELETE

NAME PEEPLES III, JAMES W.
STREET ADDRESS 805 N. ORLANDO AVENUE
CITY-ST-ZIP COCOA BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE POST ☒ Change ☐ Addition

12 NAME CLERC, JEAN YVES
13 STREET ADDRESS 415 PINEDA CT, Suite A
14 CITY-ST-ZIP MELBOURNE, FL 32940

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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:

[Signature]

CR2E034 (9/96)