PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F69751

1. Corporation Name

C. FAMILY LAND COMPANY, INC.

Principal Place of Business	Mailing Address	
2947 CEDAR TRACE TARPON SPRINGS FL 34689	2947 CEDAR TRACE TARPON SPRINGS FL 34689	

FILED Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90016 029 ***150.00



Principal Place	of Business	Mailing	Address		_			1141 01011 010	*** ***** ****	,, a.g., g.g., .ee,
2947 CEDAR TRACE TARPON SPRINGS FL 34689 2947 CEDAR TRACE TARPON SPRINGS FL 34689							DO NOT WRITE	IN THIS S	SPACE	
1							3. Date Incorporated or Qualifed 03/05/1982			
2. Principal Pl	ace of Business	2a. Mail	ing Address				4. FEI Number			Applied For
21		26					59-2685101		1	Not Applicable
Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.			i	5. Certificate of Status Desired			Additional Required
City & State	•	City	& State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip		Countr	y	_	8. This corporation owes the curren	t year Inta	ngible	
24	25	29		30			Personal Property Tax.		Yes	DD No
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Re	gistered A	gent	
				8	1 Nam	ne				1
CANAVAN, C. R. 2947 CEDAR TRACE			83	Stre	et Addres	ss (P.O. Box Number is Not Acceptabl	e)			
TARF	PON SPRINGS FL 34689			8:	3					
				8-	4 City			FL	85 Zij	p Code
office or re	to the provisions of Sections 607.051 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida Su	ich change was al	uthorized b	vine co	ed corpor orporation	ration submits this statement for the purish board of directors. I hereby accept	rpose of o	hanging i tment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applic	able. (NOTE:	Registered Ag	ent signatu	v beriuper en	when reinstating)	DATE		
12.	OFFICERS A			13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	TORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE					Change	e 🗌 Addition
NAME	CANAVAN, C. ROBERT			1.2 NAME						
STREET ADDRESS	2947 CEDAR TRACE			1.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	TARPON SPRINGS FL			1.4 CITY-	ST-ZIP					
TITLE	VD		DELETE	2.1 TITLE					Change	e 🔲 Addition
NAME	CANAVAN, JAYE C.			2.2 NAME]]
STREET ADDRESS	2947 CEDAR TRACE			2.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	TARPON SPRINGS FL			2.4 CITY	ST-ZIP	1				
TITLE	STD		DELETE	3.1 TITLE				. –	Change	e Addition
NAME	CANAVAN, C. ROBERT			3.2 NAME		-				1
STREET ADDRESS	2947 CEDAR TRACE			3.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP	TARPON SPRINGS FL			3.4. CITY	ST-ZIP					
TITLE			☐ DELETE	4,1 TITLE					Chang	e Addition
NAME				4. 2 NAMI	•					
STREET ADDRESS				4.3 STRE	ET ADDRE	ss)				Ì
CITY-ST-ZIP				4.4 CITY-	ST-ZIP					
TITLE			DELETE	5.1 T/TLE		1		-	Change	e Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP				5.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	6.1 TITLE					Chang	e Addition
NAME				6.2 NAME						j
STREET ADDRESS				6.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP				6.4 CITY-	ST-ZIP					

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 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (

JAYE C. CANAVAN 5-11-99

CR2E034 (11/98)