FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001328 (2)**

1. Corporation Name

AULD LAND SYNE, INC.

Principal Place of Business	Mailing Address
584 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034	584 SOUTH FLETCHER AVE. FERNANDINA BEACH FL 32034

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:
4. FEI Number: 58-1688526 ☐ 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

~~STOWERS, MARSHA J~~
~~584 SOUTH FLETCHER AVE.~~
~~FERNANDINA BEACH FL 32034~~

10. Name and Address of New Registered Agent

81 Name: Auld, Richard
82 Street Address (P.O. Box Number is Not Acceptable): 584 South, Fletcher Ave
83
84 City: Fernandina Beach FL 85 Zip Code: 32034

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. I am familiar with, and accept the duties and responsibilities of, registered agents. See sec. 607.0505, Florida Statutes.

SIGNATURE: Richard C. Auld — RICHARD C. AULD — 5/9/96
Signature of person accepting appointment as registered agent — Name of Registered Agent (typed or printed) — DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AULD, RICHARD 5964 HWY 29 PALMETTO GA 30268	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ ~~AULD, PAUL~~ ~~4373 A WAR HILL PARK RD.~~ ~~DAWSONVILLE GA 30534~~	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AULD, JO ELLEN ~~% ALPHA DELTA PI - BRENAU UNIVERSITY~~ GAINESVILLE GA 30501	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~STOWERS, MARSHA J~~ ~~2413 1ST AVE., APT. K-7~~ ~~AMELIA ISLAND FL 32034~~	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NO REPLACEMENT AT THIS TIME	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	605 CANDLER STREET, APT C4	☑ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	NO REPLACEMENT AT THIS TIME	☐ Change ☑ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	300001927883 -08/21/96--01016--009 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with my address.

SIGNATURE: Richard C. Auld — 6/6/96 — 8/20/96 — (904)277-9702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #