

FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90077 018 ***150.00

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DOCUMENT # F98000003576

1. Corporation Name

TWENTIETH CENTURY LAND CORPORATION

Principal Place of Business

POST OFFICE BOX 6749
COLUMBUS GA 31917

Mailing Address

POST OFFICE BOX 6749
COLUMBUS GA 31917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1998

4. FEI Number

58-0944033

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CONEFF, KIM
3455 ORLANDO DRIVE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81 Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85

Zip Code
33324

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

March 8, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PC
STREET ADDRESS HEARD, WILLIAM T
CITY-ST-ZIP 200 BROOKSTONE CENTRE PARKWAY, SUITE 205
COLUMBUS GA 31904

TITLE ☐ DELETE
NAME SD
STREET ADDRESS FELDNER, RONALD A
CITY-ST-ZIP 200 BROOKSTONE CENTRE PARKWAY, SUITE 205
COLUMBUS GA 31904

TITLE ☒ DELETE
NAME T
STREET ADDRESS CONEFF, KIM
CITY-ST-ZIP 3455 ORLANDO DRIVE
SANFORD FL 32773

TITLE ☐ DELETE
NAME D
STREET ADDRESS ALLEN, CLIFTON
CITY-ST-ZIP 200 BROOKSTONE CENTRE PARKWAY, SUITE 205
COLUMBUS GA 31904

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

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD A. FELDNER

3-3-99

706-323-1111

Date

Daytime Phone #

CR2E034 (11/98)