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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90035 049 ***150.00

DOCUMENT # G18472

PLANT CITY LAND COMPANY, INC.

| FilliopaiFlao | e of Business | Mailing Address | | | | | | | |
|---|--|---------------------------------------|----------------------------|--|--|-----------------------------|---------------------------|-------------------------------------|-------------------------------|
| 5124 LITHIA SP | PGS RD | 5124 LITHIA SPGS I | RD | | | | | | |
| LITHIA FL 3354 | 7 | LITHIA FL 33547 | | | | _ | | 00405 | |
| US | | U\$ | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | • | | | 3. Date Incorporated | d or Qualifed | | J |
| | | | | | | 12/28/1982 | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | s | | | 4. FEI Number | | Ar | plied For |
| 21 | | 26 | | | | 59-234 <u>798</u> 9 | | No | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, et | tc. | | | 5. Certifcate of Statu | us Desired | \$8.75 | Additional |
| 22 | | 27 | | | | 5. Certificate of Stati | | . Fee Ro | equired |
| City & Stat | e | City & State | | | | 6. Election Campaig | n Financing | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contri | - | • | to Fees |
| Zip | Country | Zip | | Country | | a This corporation of | owes the current year Int | angible | |
| 24 | 25 | 29 | 30 | | | Personal Property | | ∐Yes | □No |
| 24 | g. Name and Address of Curi | | 1001 | | · · · · · · · · · · · · · · · · · · · | | ess of New Registered | Agent | |
| | 9. Name and Address of Care | che regionale a rigine | | 81 | Name | | | | |
| PHIL | LIPS, ANDREW | | | | | | . <u></u> | | |
| | LITHIA SPGS RD | 82 Street | | Street Add | ress (P.O. Box Number is | s Not Acceptable) | | | |
| | | | | | | | | | |
| uin | IA FL 33547 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zip | Code |
| | | | | | | | FL | . [| |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607,1508, Florida | Statutes, th | ne above | -named con | poration submits this state | ement for the purpose of | changing its | registered |
| office or r | registered agent, or both, in the Sta im familiar with, and accept the obli | ite of Florida. Such change | was author | nzed by | the corporati | ion's board of directors, i | nereby accept the appoi | nunent as it | gistered |
| SIGNATURE | Claush us haved of spinted source of positioned | and the if applicable | Winter BI- | | | | DATE | | |
| | ATTIONNO NIN DIDENTAGO | | | tered Agen | t signature require | ed when reinstating) | DAIL | | سخا |
| 12 | | | | tered Agen | t signature require | | | ID DIRECTO | ORS IN 12 |
| 12. | OFFICERS | | | | t signature require | | IGES TO OFFICERS AN | D DIRECTO | DRS IN 12 |
| TITLE | PTD | AND DIRECTORS | ETE 1 | 13. 1.1 TITLE | t signature require | | | | ORS IN 12 |
| TITLE NAME | OFFICERS PTD PHILLIPS, ANDREW | AND DIRECTORS | ETE 1 | 13. 1.1 TITLE 1.2 NAME | | | | | ORS IN 12 |
| TITLE NAME STREET ADDRESS | PTD PHILLIPS, ANDREW 5124 LITHIA SPGS RD | AND DIRECTORS | ETE 1 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | ADDRESS | | | | DRS IN 12 |
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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 suppliemental 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: