FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** G26356 1. Corporation Name NORTHWEST FLORIDA LAND DEVELOPMENT, INC. Principal Place of Business Mailing Address HIGHWAY 77. SOUTH HIGHWAY 77. SOUTH P.O. BOX 277 P.O. BOX 277 CHIPLEY FL 32428 CHIPLEY FL 32428 3. Date incorporated or Qualified 3a. Date of Last Report 03/03/1983 03/24/1995 2. Principal Place of Business 2a. Mairing Address 4. FEI Number Applied For 21 26 59-2387276 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State Otv & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FRANK A. PIERCE Street Address (P.O. Box Number is Not Acceptable) P.O. Box 277; 1482 Main St YATES, WILLIAM E 82 HWY. 90 EAST, BOX 443 CHIPLEY FL 32428 83 84 City Chipley ^Z32428 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 familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Frank A. Pierce 4-30-96 thOTE. Begistered Agent signal ire requir 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PDV □ DELETE 1.171116 Change Addition PIERCE, FRANK A 1.2 NAME STREET ADDRESS HWY 77 S 1.3 STREET ADDRESS CHIPLEY, FL 00000 CITY-S1-ZIP 1.4 C(TY - ST - Z)E TITLE VDS DELETE 2 1 Tille Change | Addition NAME YATES, WILLIAM E 2.2 NAME STREET ADDRESS HWY 90 E 2.3 STREET ADDRESS CHIPLEY, FL 00000 CITY - ST - ZIP 24 CITY - \$! - Z:P TITLE DELETE 3-11.TLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST-ZIP TITLE DELETE 4 1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DEL ETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - 2IF TITLE DELETE 6 1 TIFLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZIP 6.4 CITY - ST-7IP 14. To 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)(k). 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 appears in Block 12 or Block 13 or thanged, or this additional made in additional report is report as required by Chapter 607, Florida Statutes; and that my name

VPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Frank A. Pierce 4-30-96