FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF CO	RPORATIONS		
DOCUN 1. Corporation	MENT # G269	19 (2)			
MRR	LAND EQUITY, INC.			b leading state and a state as an analysis of the state as a state	
Principal Place	of Business	Mailing Address			I 1811 UIU II UIU II DIBRI QIDII UIU BIBII 1881
900 21ST S		900 21ST ST E			
PO BOX 1094 PALMETTO FL 34221-2855		PO BOX 1094 PALMETTO FL 34221-285	٩.		
Trieme To		THEMETIC TE CYEET ECO	•	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		03/08/1983 4. FEI Number	04/18/1995 Applied For
21		26		59-2269224	Not Applicable
Suite, Apt. ii	r, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to rees
24	25	29 30	<u> </u>	Florida Statutes Yes	
	9, Name and Address of Current	t Registered Agent	841 No.	10. Name and Address of New Ro	egistered Agent
WEAT	TEANY AVELEN		81 Name		
WEST, TERRY STEVEN 900 21ST STREET E			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
			83		
	TTO FL 34220		84 Crtv		
					FL 85 Zip Code
 Pursuant to or registere 	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid	and 607.1508, Florida Statutes, the Such change was authorized by	ne above named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	pose of changing its registered office introduct as registered agent. Lam
familiar witi	n, and accept the obligations of, Section	on 607.0505, Florida Statutes.	y no os porano ro boar	or o	animoni da registerea agent. Fami
SIGNATURE	Signature, typod or printed name of registered agent a	and title if applicable (NOTE: Re	ogistered Agent signature required	d when reinstalion)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFK	
TITLE	D	DELETE	1. 1 TITLE		Change Addition
NAME	MCCLURE, DAN P.		1.2 NAME		
STREET ADDRESS	4820 RIVERVIEW BLVD.		1.3 STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL D	☐ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition
NAME	MCCLURE, CORRINE		2 2 NAME		
STREET ADDRESS	4820 RIVERVIEW BLVD.		2 3 STREET ADDRESS		
Cily-ST-7iP	BRADENTON FL		2.4 CITY - ST - ZIP		
TITLE	D	☐ DELE1E	3 1 TITLE		Change Addition
NAME	RICKERT, WAYNE		3.2 NAME		
STREET ADDRESS	4810 RIVERVIEW BLVD.		3.3 STREET ADDRESS		ì
CITY-ST-ZIP TITLE	BRADENTON FL	DELETE	3.4 CITY-ST-ZIP		Change C Addit
NAME	D Rickert, faye	☐ DECEN	4. 1 TITLE		Change Addition
STREET ADDRESS	4810 RIVERVIEW BLVD.		4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		4.4 CITY - ST - ZIP		
THILE		☐ DELETE	5. 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME GEORGE ADDRESS			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP 14. I do hereby	certify that the information supplied w	vith this filing is voluntarily furnished	64 CITY-ST-ZIP d and does not qualify fo	or the exemption stated in Section 119.0	7(3)(k), Florida Statutes, I further

certify that the information indicated on this annual report or supplymental 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 supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 attachine with an address.

SIGNATURE: / Vain

H-18-96 941-795-2261 Daytinia Prone #

CR2E034 (12/95)