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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA D

Ka

Se DIVISION

DOCUMENT # G27442 1. Corporation Name

H & L LAND CO., INC.

	riled
DEPARTMENT OF STATE	Apr 08, 1999 8:00 am
therine Harris	
cretary of State	Secretary of State
OF CORPORATIONS	04-08-1999 90029 043 ***150.00



							<u> </u>		OLONI OLONI LOOI	
Principal Place	of Business	Ma	ailing Address							
2621 E 15TH ST 2621 E 15TH ST					1					
P. O. BOX. 3787 PANAMA CITY FL 32405-6352 PANAMA CITY FL 32405-6352			enco			DO NOT WRITE IN THIS SPACE				
			0302			3. Date Incorporated or Qualifed				
							03/11/1983		1	
2 Oringinal Di	loce of Puniones	29	Mailing Address				4. FEI Number	T Ar	optied For	
	lace of Business 2a. Mailing Address					59-2319341		Not Applicable		
21			Suite Ant # etc				\$9		75 Additional	
		Suite, Apr. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required				
22 Ciby 8 State			City & State							
	City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Zip Country		Zip Country				This corporation owes the current year Intangible			
	25	29	- · ·				Personal Property Tax.			
24	9. Name and Address of Curro		tered Agent	[30]			10. Name and Address of New Registered Agent	<u>_</u>		
	3. Halle una Aduless St. Carl	Jiit i togio			81	Name				
HALI	L, WILLIAM P JR			-						
	E 15TH ST				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
PAN	AMA CITY FL 32405				83					
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
deline					84	City	FL 85	Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508. Florida State	utes, the a	DOV€	e-named corp	oration submits this statement for the purpose of change	jing its	registered	
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Floric	ta. Such change was	authorized	nv.	ine comoratio	on's board of directors. I hereby accept the appointmen	tas re	egistered	
SIGNATURE										
	Signature, typed or printed name of registered a				Agen	t signature require	d when reinstating) DATE	TCT/	DDC IN 42	
12.	OFFICERS AND DIRECTORS 13.			_			ADDITIONS/CHANGES TO OFFICERS AND DIF	hange	Addition	
TITLE	DP		☐ DELETE	1.1 TI				nanye	_ Addition	
NAME	HALL, WILLIAM P JR			1.2 N/					ŀ	
STREET ADDRESS	2621 E 15TH ST			1.3 \$7	REET	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL			1.4 CI	_	Γ-ZIP			CT A data on	
TITLE	ı.		☐ DELETE	2.1 ΤΓ	ÎLE		ניי	hange	Addition	
NAME				2.2 N/	ME				İ	
STREET ADDRESS				2.3 ST	REET	ADORESS				
CITY-ST-ZIP				2.4C	TY S	T-ZIP				
TITLE			☐ DELETE	3.1 TF	πE			hange	☐ Addition	
NAME				3.2 N	ME					
- STREET ADDRESS	يرانج بيشنج بالبعد لليريتان المستحدثات	۔ بیت میں		3.3 ST	REET	ADDRESS				
·CITY-ST-ZIP				3.4. C	TY-S	- 1				
TITLE		_	☐ DELETE	4.1 TI	_			hange	☐ Addition	
NAME				4. 2 N	AME				}	
STREET ADDRESS				4.3 ST	REET	ADDRESS				
					TY-S1					
CITY-ST-ZIP TITLE			☐ DELETE	5.1 π				hange	☐ Addition	
NAME				5.2 N/			<u>-</u>	-	ļ	
						ADDRESS	•			
STREET ADDRESS				5.4 CT					ļ	
CITY-ST-ZIP			☐ DELETE	6.1 TI			П	hange	☐ Addition	
TITLE				6.2 N/						
NAME						ADDDESS			ļ	
STREET ADDRESS				1		ADDRESS)	
CITY OF 7ID	i e e e e e e e e e e e e e e e e e e e			6.4 CI	IY-SI	-⊿P				

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:

REQUIRED