

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *G38986*
1. Corporation Name
C & F LAND, INC

200001486572
-05/12/95--01122--016
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21 1520 JENKS AVE.	26 PO BOX 2236		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 C	27		
City & State	City & State		
23 PANAMA CITY, FL. 32401	28 PANAMA CITY, FL		
Zip	Country	Zip	Country
24	25 Bay	29 32402	30 Bay

3. Date Incorporated or Qualified	3a. Date of Last Report
5/18/1983	4/22/94
4. FEI Number	Applied For
53-2294578	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	☐
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent
FOSTER, JAMES L.
1520 JENKS AVE. SUITE C
PANAMA CITY, FL. 32401

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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. Each 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 607.0502, Florida Statutes.

SIGNATURE

James L. Foster

NOTE: Registered agent signature required when reinstating.

DATE

4/21/95

12. OFFICERS AND DIRECTORS	
TITLE	D/P FOSTER, JAMES L.
NAME	1520 JENKS AVE., SUITE C
STREET ADDRESS	PANAMA CITY, FL. 32401
CITY, ST, ZIP	
TITLE	D WEBB, FRED M.
NAME	1714 23rd St, Suite 0
STREET ADDRESS	PANAMA CITY, FL., 32401
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 it would 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.

SIGNATURE:

James L. Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

DATE

904-785-3474

DATE