FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G47490** **(9)**

1. Corporation Name

PRIME LAND DEVELOPMENT COMPANY, INC.

Principal Place of Business	Mailing Address
% ROBERT A. CAIRNS 425 W. COLONIAL DR., SUITE 206 ORLANDO FL 32804	% ROBERT A. CAIRNS 425 W. COLONIAL DR., SUITE 206 ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1245 Spring Lake Drive
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL
Zip 24 32804 Country 25 Orlando

2a. Mailing Address
26 Same
Suite, Apt. #, etc. 27
City & State 28 Same
Zip 29 Same Country 30

4. FEI Number: 59-2300079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAIRNS, ROBERT A.
425 W. COLONIAL DR., SUITE 206
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name: Robert A. Cairns
82 Street Address (P.O. Box Number is Not Acceptable): 1245 Spring Lake Drive
83 Orlando
84 City: FL 85 Zip Code: 32804

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. Such 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 607.0505, Florida Statutes.

SIGNATURE: Robert A. Cairns (Typed, printed or typed name of registered agent and title if applicable) Robert A Cairns (NOTE: Registered Agent signature required when applicable) DATE: 4/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	11 TITLE	☒ Change ☐ Addition
NAME	CAIRNS, ROBERT A	12 NAME	
STREET ADDRESS	425 W. COLONIAL DR. #206	13 STREET ADDRESS	1245 Spring Lake Drive
CITY ST ZIP	ORLANDO, FL 00000	14 CITY ST ZIP	Orlando, FL 32804
TITLE	M	21 TITLE	☒ Change ☐ Addition
NAME	CAIRNS, ROBERT A.	22 NAME	
STREET ADDRESS	425 W. COLONIAL DR. #206	23 STREET ADDRESS	1245 Spring Lake Drive
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	Orlando, FL 32804
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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.

SIGNATURE: Robert A. Cairns Robert A Cairns 4/3/95 407-647-8745
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Daytime Phone #

0065377 CR