

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

PROFIT CORPORATION  
**ANNUAL REPORT 1996**



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

**DOCUMENT # G70613 (6)**  
 1. Corporation Name  
**FLORIDA LAND COMPANY**



Principal Place of Business      Mailing Address  
**4407 VINELAND ROAD**      **4407 VINELAND ROAD**  
**SUITE D-7**      **SUITE D-7**  
**ORLANDO FL 32811**      **ORLANDO FL 32811**

2. Principal Place of Business      2a. Mailing Address  
 21 **4405 VINELAND ROAD**      26 **4405 VINELAND ROAD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22 **SUITE C-11**      27 **SUITE C-11**  
 City & State      City & State  
 23 **ORLANDO, FL**      28 **ORLANDO, FL**  
 Zip      Country      Zip      Country  
 24 **32811**      25 **ORANGE**      29 **32811**      30 **ORANGE**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/18/1983**      **04/24/1995**

4. FEI Number      Applied For  
**59-2359710**      Not Applicable

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

6. Election Campaign Financing Trust Fund Contributor            **\$5.00 May Be Added to Fees**

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

g. Name and Address of Current Registered Agent  
**CAMPBELL, RONALD D**  
~~**4407 VINELAND ROAD**~~ **4405 VINELAND ROAD**  
**SUITE C-11**  
**ORLANDO FL 32811**

10. Name and Address of New Registered Agent  
 81 Name  
 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. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of new registered agent (if applicable)      Name of Registered Agent at the time of filing      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, RONALD D</b>	
STREET ADDRESS	<b>4407 VINELAND RD #D-7</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VILLARREAL, ALISA</b>	
STREET ADDRESS	<b>4407 VINELAND RD #D-7</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>CAMPBELL, RONALD D.</b>	
13 STREET ADDRESS	<b>4405 VINELAND ROAD, SUITE C-11</b>	
14 CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
21 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>CAMPBELL, MARIAN E.</b>	
23 STREET ADDRESS	<b>4405 VINELAND ROAD, SUITE C-11</b>	
24 CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**400001817394**  
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**\*\*\*208.75**

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5.1

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)(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 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 checked or in an attachment with an address.

**SIGNATURE:** *Ronald D. Campbell*      **4-16-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E034 (12/95)