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 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H36970** **(2)**

1. Corporation Name
FIRST LAND SALES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 31590 FL1-010-09-02 TAMPA FL 33631 US	P.O. BOX 31590 FL1-010-09-02 TAMPA FL 33631 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/07/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 4899	26 P.O. Box 4899
Suite, Apt. #, etc. 22 GA1-006-14-16	Suite, Apt. #, etc. 27 GA1-006-14-16
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30302-4899 25 USA	Zip / Country 29 30302-4899 30 USA

4. FEI Number: 59-2484289 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MASON, JOHN B. JR.	12 NAME	
STREET ADDRESS	ONE INDEPENDENCE CENTER, 113-15	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	FLATT, THOMAS H.	22 NAME	
STREET ADDRESS	ONE INDEPENDENCE CENTER, 113-19	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MACK, JOHN E.	32 NAME	
STREET ADDRESS	NATIONS BANK CORPORATE CENTER	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WALLS, GEORGE R.	42 NAME	
STREET ADDRESS	NATIONS BANK CORPORATE CENTER	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BROWN, JOAN Y	52 NAME	
STREET ADDRESS	NATIONS BANK CORPORATE CENTER	53 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	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 added by an amendment with an address.

SIGNATURE: John E. Mack 4-11-95 (704) 386-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000072 CP