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 MAY -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H44534 (6)

1. Corporate Name
FLORIDA LAND & AGRICULTURE, INC.

Principal Place of Business:
~~2357 NE CENTER CIRCLE~~
~~JENSEN BEACH FL 34957~~
~~US~~

Mailing Address:
P.O BOX 409
PALM CITY FL 34990
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2528994 — 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

2. Principal Place of Business
21 602 SW Pine Tree Lane
22 Suite, Apt. # etc.
23 City & State: Palm City, FL
24 Zip: 34990 25 Country: USA

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

9. Name and Address of Current Registered Agent
CARTER, HUGO A.
602 SW PINE TREE LANE
PALM CITY FL 34990

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~VST~~	TITLE	☒ Change ☐ Addition
NAME	~~RODERICK, GARY NELSON~~	NAME	Delete
STREET ADDRESS	~~2357 NE CENTER CIRCLE~~	STREET ADDRESS	
CITY-ST-ZIP	~~JENSEN BEACH FL~~	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	CARTER, HUGO ALAN	NAME	
STREET ADDRESS	602 SW PINTREE LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Hugo A. Carter — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 95 (Date)

407-287-2758 (Daytime Phone)

0379761 CP