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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

FLORIDA LAND RESOURCES

JONES, JAMES G.

SUITE 11

9140 GOLFSIDE DRIVE

JACKSONVILLE FL 32256

JACKSONVILLE FL 32256

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

9140 GOLFSIDE DR AUITE 11

DOCUMENT #

J47345

(0)

9140 GOLFSIDE DRIVE

JACKSONVILLE FL 32256

Mailing Address

SUITE 11

2a. Mailing Address

City & State

Suite, Apt. #. etc

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28 Zio

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FLORIDA LAND RESOURCES, INC.

Country

Name and Address of Current Registered Agent

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3. Date Incorporated or Qualified 12/16/1986		of Last Report 14/21/1995
4. FE; Number	L	Applied For
59-2742677		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
8. This corporation has liability for in Florida Statutes 🙀 Yes	ntangible tax	under s. 199.032,
10. Name and Address of New Re	egistered A	gent
Name		
Street Address (P.O. Box Number is Not Acceptable	e)	
City	FL	85 Zip Code
med corporation submits this statement for the pur-	nose of chan	,11. naina its reaistered offic

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above names or registered agent, or both, in the State of Ekvich. 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. Squatine, typed or protective tree Circle trees age that after tappinane (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRLCTORS 13. PDS DELETE Change ☐ Addition TITLE JONES, JAMES G. E034 NAME 1.2 NAME 9140 GOLFSIDE DRIVE, SUITE 11 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-2IP 1.4 CHY+ST-ZP DELETE Change ☐ Addition HILE 2.1 DILE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 111: 8 NAME 3.2 NAME STREET ADDRESS 3.3 STEEL1 ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 70F DELETE Change Addition 5 1 THE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CHY - ST - 7IP CITY - ST - ZIP DELETE ☐ Change Addition 6 1 THE TITLE NAME 6.2 NAME

Country

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14. I do hereby certify that the information supplied with this fling 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 60?, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CiTY - S1 - Z:P

SIGNATURE:

STREET ADDRESS

CITY-S1-ZIP



4-27-96

904-730-3528