

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 12:35

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J52102 (7)**

1. Corporation Name
SOUTHERN LAND INVESTMENTS & REAL ESTATE, INC.

Principal Place of Business: **663 DEVILS GARDEN RD.
P.O. BOX 1680
LABELLE FL 33935
US**
Mailing Address: **P. O. BOX 1680
LABELLE FL 33935
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/15/1987** 3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business:	2a. Mailing Address:
21. State, Apt. # or P.O. #:	26. State, Apt. # or P.O. #:
22. City & State:	27. City & State:
23. Zip:	28. Zip:
24. County:	29. County:
25. County:	30. County:

4. FEI Number: 59-2754930	Applied Fee: Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent
**DENNING, SHERRI G.
663 DEVILS GARDEN RD.
LABELLE FL 33935**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.05(7) and 607.15(6), Florida Statutes, the above named corporation is submitting this statement for the purpose of changing its registered office to registered office in a part of the State of Florida. This change was authorized by the corporation's board of directors and its shareholders, except the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.05(6), Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS

OFFICE	PD
NAME	DENNING, SHERRI
STREET ADDRESS	663 DEVILS GARDEN RD. LABELLE FL
CITY, ST, ZIP	
OFFICE	ST
NAME	DENNING, SHERRI
STREET ADDRESS	663 DEVILS GARDEN RD. LABELLE FL
CITY, ST, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
OFFICE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
OFFICE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(A), Florida Statutes. I further certify that this information included 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. I am an officer or director of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this form with an address.

SIGNATURE: *Sherri G. Denning*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherri G. Denning

4/25/95 813/675-4500