

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
***AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT #

1. Corporation Name

Pyramid Land & Development Company

Principal Place of Business

3000 Independent Square

P. O. Box 59

Jacksonville, FL 32201-0059

Mailing Address

3000 Independent Square

P. O. Box 59

Jacksonville, FL 32201-0059

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/19/87

3a. Date of Last Report

06/07/95

4. FEI Number

58-1720422

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

Mickler, Robert O.
3000 Independent Square
Independent Drive
Jacksonville, FL 32202

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

Signature type does not match that of registered agent and is not acceptable.

(If P.O. Box, Agent signature required when reinstating.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE VSD
NAME Horne, J. Reid
STREET ADDRESS 230 Glen Lakes Drive
CITY-ST-ZIP Atlanta, GA

TITLE D
NAME Amerman, Charles L.
STREET ADDRESS 245 Peachtree Center Ave. NE #1400
CITY-ST-ZIP Atlanta, GA

TITLE DP
NAME Henrick, E. Douglas, Jr.
STREET ADDRESS 300 Main Street, #401
CITY-ST-ZIP St. Simons Island, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS 1461 Valley View Road
14 CITY-ST-ZIP Atlanta, GA 30338

21 TITLE D
22 NAME R. Allen Smith
23 STREET ADDRESS 100 Colony Square, Suite 2300, Box 68
24 CITY-ST-ZIP Atlanta, Georgia 30361

31 TITLE
32 NAME
33 STREET ADDRESS 316 Dunbarton Drive
34 CITY-ST-ZIP St. Simons Island, GA 31522

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Allen Smith

, Director

7/12/96

DATE

Signature Print Name

(404)881-5167

CR2E034 (3/96)