

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # J58849 (7)

1. Corporation Name

PLAZA LAND COMPANY

Principal Place of Business

25 2ND ST. N. SUITE 300  
ST PETERSBURG FL 33701

Mailing Address

25 2ND ST. N. SUITE 300  
ST PETERSBURG FL 33701



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

Suite 400

27

Suite 400

23

City & State

City & State

24

Zip

Country

29

Zip

Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRELL, ROY G., JR.  
SUITE 1202  
100 SECOND AVENUE SOUTH  
ST. PETERSBURG FL 33701

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

CD

☒ DELETE

NAME

MCCARTHY, LYNN

STREET ADDRESS

25 2ND ST N, #300

CITY-ST-ZIP

ST PETERSBURG FL

TITLE

ESTD

☒ DELETE

NAME

JANES, WALTER C

STREET ADDRESS

25 2ND ST N, #300

CITY-ST-ZIP

ST PETERSBURG FL

TITLE

PD

☐ DELETE

NAME

FOX, JOHN H

STREET ADDRESS

5612 TAHOE LANE

CITY-ST-ZIP

SHAWNEE MISSION KS

TITLE

VASD

☐ DELETE

NAME

VAN BUTSEL, MICHAEL R.

STREET ADDRESS

25 2ND ST N, #300 #400

CITY-ST-ZIP

ST PETERSBURG FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

Chairman

☐ Change

☒ Addition

1.2 NAME

Barrett Brady

1.3 STREET ADDRESS

5317 Mission Woods Terrace

1.4 CITY-ST-ZIP

Shawnee Mission, KS 66205

2.1 TITLE

Secretary/Treasurer

☐ Change

☒ Addition

2.2 NAME

Michael T. Shields

2.3 STREET ADDRESS

3629 Somerset Drive

2.4 CITY-ST-ZIP

Shawnee Mission, KS 66208

3.1 TITLE

1

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

800001810688

-05/07/96--01025--031

\*\*\*200.00

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

(816) 561-3456

Daytime Phone #

CR2E034 (12/95)