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Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90032 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K10053

1. Corporation Name

THE SUBLAND CORPORATION OF BAY COUNTY

Principal Place of Business

217 COUNTRY CLUB ROAD  
SHALIMAR FL 32579  
US

Mailing Address

217 COUNTRY CLUB ROAD  
SHALIMAR FL 32579  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1987

4. FEI Number

59-2874111

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUBLETTE, RICHARD A.  
217 COUNTRY CLUB ROAD  
SHALIMAR FL 32579

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 of registered agent or authorized officer (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/1/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP  
NAME SUBLETTE, JOE S.  
STREET ADDRESS 301 SOUTH MAIN STREET  
CITY-ST-ZIP SUMTER SC

TITLE VST  
NAME SUBLETTE, RICHARD A.  
STREET ADDRESS 217 COUNTRY CLUB ROAD  
CITY-ST-ZIP SHALIMAR FL

TITLE DV  
NAME KING, ROBERT L.  
STREET ADDRESS 4032 NEW HWY 96 WEST  
CITY-ST-ZIP FRANKLIN TN 37064

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

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

(803) 775-4311

CR2E034 (11/98)