

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

DOCUMENT # **K17914 (8)**

1. Corporation Name
CROSSLAND SALES, INC.



Principal Place of Business: P.O. BOX 537 ALACHUA FL 32615 32616
Mailing Address: P.O. BOX 537 ALACHUA FL 32615 32616

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2881424** 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUILLAN, GREGORY T
1805 S W 12TH STREET
P.O. BOX 140576
GAINESVILLE FL 32601

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MCQUILLAN, GREGORY T.	
STREET ADDRESS	P.O. BOX 140576 N/A	
CITY-ST-ZIP	GAINESVILLE FL 32014	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MCQUILLAN, MADELINE L.	
STREET ADDRESS	P.O. BOX 537 N/A	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McQuillan, Gregory T.	
1.3 STREET ADDRESS	P. O. Box 140576 1805 SW 12th Street	
1.4 CITY-ST-ZIP	Gainesville, FL. 32614 Gainesville FL 32601	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McQuillan, Madeline L	
2.3 STREET ADDRESS	P. O. Box 537 Rt 241	
2.4 CITY-ST-ZIP	Alachua, FL. 32616 Alachua, FL 32616	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: *Madeline L M Quillan* DATE: *4/29/96* DAYTIME PHONE #: *904-496-2679*

CR2E034 (12/95)