

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 # **K32847** (1)

1. Corporation Name

FLORIDA LAND AND ACREAGE, INC.



Principal Place of Business

Mailing Address

RT 2 BOX 602
JENNINGS FL 32053
US

RT 2 BOX 602
JENNINGS FL 32053
US

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 Central Avenue**

Suite, Apt. #, etc.

22 **Jasper, Florida**

City & State

23 **32052**

Zip

Country

24

25

26 **P.O. Drawer 151**

Suite, Apt. #, etc.

27 **Jasper, Florida**

City & State

28 **32052**

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**HENDRICK, PAUL
111 S. CENTRAL AVE
JASPER FL 32052**

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 in block, last name and first initial only.

Typed Registered Agent signature required when not applicable.

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
RATLIFF, RONALD
RT 2 BOX 141A
JENNINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT 2 BOX 141A
JENNINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT 2 BOX 141A
JENNINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT 2 BOX 141A
JENNINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT 2 BOX 141A
JENNINGS FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT 2 BOX 141A
JENNINGS FL**

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

**SECRETARY, DIRECTOR
HENDRICK, PAUL
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**PD
HENDRICK, DOLLORES
RT. 1, BOX 35A
JASPER, FLORIDA 32052**

☐ Change ☐ Addition

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 **DOLLORES HENDRICK, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/1996 (904) 792-1585

Date

Daytime Phone

CR2E034 (12/95)