FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2) FORSYTH LAND COMPANY, INC. Principal Place of Business Mailing Address 3910 FORSYTH ROAD 3910 FORSYTH ROAD P.O. BOX 5200 P.O. BOX 5288 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32783-3813 WINTER PARK FL 32793-3813 3. Date Incorporated or Qualified 10/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-2928644 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MILLER, L. GARY 3910 FORSYTH ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32793 83 84 City 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 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MILLER, L. GARY CR2E034 NAME 1.2 NAME 1711 GOLFSIDE DR. STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETÉ Addition TITLE 3 1 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TALE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

14. Thereby 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 emplowered 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 an attachment with an address. 4/27/48 SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

407/256-9090