FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39412** **(7)**

1. Corporation Name

SECOND LAND SALES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 31590 FLI-010-09-02 TAMPA FL 33631	P.O. BOX 31590 FLI-010-09-02 TAMPA FL 33631

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/18/1988	08/16/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 4899	26 P.O. Box 4899
Suite, Apt. #, etc. 22 GAI-006-14-16	Suite, Apt. #, etc. 27 GAI-006-14-16
City & State 23 Atlanta, GA	City & State 28 Atlanta, GA
Zip / Country 24 30302-4899 25 USA	Zip / Country 29 30302-4899 30 USA

4. FEI Number: 65-0094629 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, F. BART	12 NAME	
STREET ADDRESS	600 PEACHTREE STREET, NE	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FITCHETT, WILLIAM C	22 NAME	
STREET ADDRESS	2059 NORTHLAKE PARKWAY	23 STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LIENTZ, JAMES R JR	32 NAME	
STREET ADDRESS	600 PEACHTREE STREET, NE	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ROBERT L	42 NAME	
STREET ADDRESS	600 PEACHTREE STREET, NE	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	GORT, SYLVIA H	52 NAME	
STREET ADDRESS	600 PEACHTREE STREET, NE	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	WOLKOM, GREGORY J	62 NAME	
STREET ADDRESS	600 PEACHTREE STREET, NE	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	64 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)(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, added or deleted.

SIGNATURE: F. Bart Smith 4/25/95 404 607 6055
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

F. Bart Smith

0003974 CP