

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K39412  
1. Corporation Name  
SECOND LAND SALES, INC.

(7)



Principal Place of Business

Mailing Address

P O BOX 4899  
GA1006-14-16  
ATLANTA GA 30302-4899  
US

401 N TRYON ST. NC1-021-03-09  
%CORPORATE TAX  
CHARLOTTE NC 28255  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1988

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. 401 N TRYON ST NC1-021-03-09  
21 CHARLOTTE NC 28255

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

Country

Country

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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SMITH, F. BART  
STREET ADDRESS 800 PEACHTREE  
CITY-ST-ZIP ATLANTA-GA 401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255

☐ DELETE

TITLE D  
NAME FITCHETT, WILLIAM C  
STREET ADDRESS 2059 NORTHLAKE PARKWAY  
CITY-ST-ZIP TUCKER-GA

☐ DELETE

TITLE D  
NAME LIENTZ, JAMES R JR  
STREET ADDRESS 800 PEACHTREE STREET, NE  
CITY-ST-ZIP ATLANTA-GA

☐ DELETE

TITLE P  
NAME JOHNSON, ROBERT L  
STREET ADDRESS 800 PEACHTREE STREET, NE  
CITY-ST-ZIP ATLANTA-GA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☒ Addition

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

☐ Change ☐ Addition

SVP  
Williams, Gary S.  
401 N TRYON ST NC1-021-03-09  
CHARLOTTE NC 28255

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.

CP2E034 (10/97)