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

**PROFIT CORPORATION** ANNUAL REPORT 1998

2. Principal Place of Business

21 /738



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

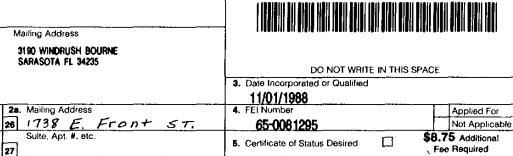
(3)

2a. Mailing Address

PURVIS FAMILY LAND CORP.

Principal Place of Business	Mailing Address
3190 WINDRUSH BOURNE	3190 WINDRUSH BOURNE
SARASOTA FL 34235	SARASOTA FL 34235

## **FILED** Apr 20 1998 8:00am Secretary of State



Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State  3 Traverse City Mi.	City & State 28 Traverse	?; + x, m;	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country	Zip Co	untry 1. S A	8. This corporation owes or has popersonal Property Tax due June		urrent year Intangible  Yes  No
9. Name and Address of Current R	egistered Agent		10. Name and Address of New Ro	egisterec	Agent
Purvis, doris i 3190 Windrush Bourne Sarasota FL 34235	*	81 Name W	S (P.O. Box Number is Not Accepta	ble)	

SARASONA 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 rane of registated again and title if applicable (NOTE: R	. mila	required when reinstating) 4/5/98
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DP</b> DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Purvis, doris i	1.2 NAME	
STREET ADDRESS	3190 WINDRUSH BOURNE	1.3 STREET ADDRESS	İ
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	<b>DST</b> DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Purvis, doris I.	2.2 NAME	
STREET ADDRESS	3190 WINDRUSH BOURNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	

STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 6.4 CITY-ST-ZIP

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.

SIGNATURE:

### ACCURATION CONTROL OF THE 
SIGNATURE: