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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90144 012 ***150.00

DOCUMENT # **K42815**

1. Corporation Name

THE CO	LONY LAND COMPANY							
Principal P ac	of Business	Mailing Address				I IMMINKII OU AKANA KIRAK INIAN KIRAH ANKI ANAIN AKANA AKAN		DANKA DANKA KERA
		% CHARLES EVANS						
% CHARLES EVANS % CHARLES EVANS 110 E. BROADWAY BOX 620460								
OVIEDO FL 32765 OVIEDO FL 32762					DO NOT WRITE IN THIS SPACE	Ε		
		US				3. Date Incorporated or Qualifed		
ı						11/02/1988		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	А	priled For
21		26				<u>59-2917400</u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.						A dditional
22 27								equired
City & Stat	e	City & State				1 - 1		May Be
23								to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		<u>⊒n₀</u>
	9. Name and Address of Curren	Registered Agent		81	Name	10. Name and Address of New Registers d Agent		
FVA	NS, CHARLES, WM			۱,	Name			
110 E BROADWAY			1	82	Street Ac	(Idress (P.O. Bo) Number is Not Acceptable)		
	DO FL 32765		ļ.	83				-
0.16	DO 1 E 02700		'	83				
				84	City	85	Zip	Code
		1007 4500 51-24- 61-1	45			FL	ing it	Logistared
office or r	egistered agent, or both, in the State of	of Florida. Such change was a	uthorized I	bv tr	named co he corpor:	corporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointmen	as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fla	rida Statut	es.				
SIGNATU	Harly Com	- CHARLESLI				1-27-99		
	Signature, typed or printed name of registered agen		Registered A	Agent s	signature req	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECT	100 IN 12
12.	D OFFICERS AN	DELETE	1.1 TITL	_	$\overline{}$		nange	Addition
	EVANS, ARTHUR F.	C becere	•	1.2 NAME				
NAME	110 BROADWAY			1.3 STREET ADDRESS				
STREET ADDRESS			1					
CITY-ST-ZIP	OVIEDO FL 32762	DELETE	_	1.4 CITY-ST-ZIP		ПС	nange	Addition
TITLE	D CHANG IOUNIA ID					~	ang.	
NAME	EVANS, JOHN W., JR.		2.2 NAME					
STREET ADDRESS	110 E. BROADWAY		2.3 STREET					
CITY-ST-ZIP	OVIEDO FL 32762			2.4 CITY-ST-ZIP 3.1 TITLE			nange	Addition
TITLE	D CHARLES WAY					□ *	iai igo	
NAME	EVANS, CHARLES WM. 110 E. BROADWAY		l l	3.2 NAME				
STREET ADDRESS	OVIEDO FL 32762			3 3 STREET ADDRESS				
CITY-ST-ZIP	しいいたいし たし 32762		3.4. CIT	3.4. CITY-ST-ZIP				Addition
TITLE		□ DELETE	4.4 TIT)			По	nange	
NAME	D	☐ DELETE	4.1 TITL	E.			nange	
	D Evans, david L.	☐ DELETE	4 2 NA	E ME			nange	
STREET ADDRESS	D EVANS, DAVID L. 110 E. BROADWAY	☐ DELETE	4 2 NAF	E ME REET A	ADDRESS		nange	
CITY-ST-ZIP	D Evans, david L.		4 2 NA/ 4.3 STR 4.4 CITY	E ME EET A (-ST-				Addition
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CITY-ST-ZIP TITLE NAME	D EVANS, DAVID L. 110 E. BROADWAY		4 2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E ME REET A Y-ST- LE ME	ZIP			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	D EVANS, DAVID L. 110 E. BROADWAY		4 2 NA/ 4.3 STR 4.4 CITY 5.1 TITU 5.2 NA/ 5.3 STR	EET A Y-ST- LE ME	ZIP			☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, DAVID L. 110 E. BROADWAY	☐ DELETE	4 2 NA/ 4.3 STR 4.4 CITY 5.1 TITU 5.2 NA/ 5.3 STR 5.4 CITY	EET A Y-ST- LE ME REET A	ZIP		nange	
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CITY-ST-ZIP 14. I heret y certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: