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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53992

(0)

BLUE AND GOLD LAND CORPORATION

FILED

Mar 05 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address				E TODIDITO DEL OLIDE TITLO IDITO IDITO ETTI ETTIL DIDIL DIDIL DEDL			
PO BOX 12 LARGO FL 34649-0012		PO BOX 12 LARGO FL 33779-0012							
- 1100 FE 940						3. Date Incorporated or Qualified 12/28/1988		ite of Last F 22/1996	Report
2. Principal F	lace of Business	2s. Mailing Address				4. FEI Number	1		pplied For
21		26			59-2926632 Not Applicable				
Suite, Api	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & Stat	le	City & State			-	6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation has liability for in			. 199.032,
24	25	29	30				Yes		
	9. Name and Address of Currer	nt Registered Agent		- 1		10. Name and Address of New Reg	istered	Agent	
FOL	ey, Michael T.			81	Name	•			
2284 KINGS POINTE DR.					Street Ad	dress (P.O. Box Number is Not Acceptable	e)		
LARGO FL 34644							·		
				83					
				84	City		FL	85 Zip	Code
44 Dureusst	to the agraticions of Spetions 607 050	22 and 607 1508 Florida Statut	oc the el	hovo	named co	rporation submits this statement for the pr		changing	te renisteren
office or agent. La	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	uthorize	d by	the corpor	ation's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and late if applicable (NOT	Registere	d Age	nt signature red	quired when reinstating)	DATE		
12.	The second contract the se	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THILE	D	☐ DELETE	1.1 11	TLE		D		L Change	Addition
NAME	DICKERT, L. F		1.2 N/	AME	1	DICKERT, M.			
STREET ADDRESS	1 BISHOP STREET		1.3 S	TREET	ADDRESS	U S 19 AND S R 351	A		
CITY - ST - ZIP	CROSS CITY FL	T COLUTE		TY-S	T-21P	CROSS_CITY, FL		1 0	T Lare.
TIFLE	D	☐ DELETE	21 TI					☐ Change	Addition
NAME	FOLEY, M.J.		2.2 N						
STREET ADDRESS	3525 FORT CHARLES DR.				ADDRESS				
CHY-ST-ZIP	NAPLES FL	Dr. Fre		ITY-S	1 - ZIP			Ohana	T Labor
TITLE	D	☐ DELETE	3.1 TI		-			L Change	Additio
NAME	FAIRCLOTH, J. J. 402 N HOWARD AVE		3.2 N						
STREET ADDRESS	,				ADDRESS				
C-TY - ST - ZIP	TAMPA FL	DELETE	_	HTY-S	T-2iP			Chongs	Additio
TITLE	PSD FOLLY MT	LJ VELLE	4.1 31		ļ			Change	LT VOUID
NAME	FOLEY, M.T.		4. 2 N						
STREET ADDRESS	1		1		ADDRESS				
CHY-ST-ZIP	LARGO FL	DELETE		ITY-S	I · ZIP			Change	Additio
TILE	D ENDOLOTH E D	ב_ טנננונ	5.1 1			.•		L Unange	L. AUGIIO
NAME	FAIRCLOTH, F B		5.2 N		I Banaras	•			
STREET ADDRESS	U S 19 AND S R 351A CROSS CITY FL				ADDRESS				
CHY-SI-7F		DELETE	5.4 C 6.1 Ti	ITY-S	I-ZIP			Change	Additio
THILE	DICKERT, D							- viralite	L.J. MODIIIO
NAME	U S 19 N ABD S R 351A		6.2 N		Abobcos				
STREET ADDRESS	CROSS CITY FL				ADDRESS				
CITY - ST - ZIP	I UMUSS CITT FL		■ 6.4 C	ITY-S	T-7IP				

14. I do 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 Book 12 or Block 13 if changed or on an attachment with an address.