

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90247 019 \*\*\*150.00

DOCUMENT # K53992

1. Corporation Name  
BLUE AND GOLD LAND CORPORATION

Principal Place of Business  
PO BOX 12  
LARGO FL 33779  
US

Mailing Address  
PO BOX 12  
LARGO FL 33779  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1988

4. FEI Number

59-2926632

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLEY, MICHAEL T.  
2284 KINGS POINTE DR.  
LARGO FL 33774

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 ☐ DELETE

NAME  
DICKERT, L F  
STREET ADDRESS  
1 BISHOP STREET  
CITY-ST-ZIP  
CROSS CITY FL

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME  
DICKERT, M.  
1.3 STREET ADDRESS  
U.S. 19 AND S.R. 351A  
1.4 CITY-ST-ZIP  
CROSS CITY, FL

TITLE D ☐ DELETE

NAME  
FOLEY, M.J.  
STREET ADDRESS  
3525 FORT CHARLES DR.  
CITY-ST-ZIP  
NAPLES FL

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME  
FOLEY, M. J.  
2.3 STREET ADDRESS  
50 COE RD. # 226  
2.4 CITY-ST-ZIP  
BELLEAIR, FL 33756

TITLE D ☐ DELETE

NAME  
FAIRCLOTH, J. J.  
STREET ADDRESS  
402 N HOWARD AVE  
CITY-ST-ZIP  
TAMPA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PSD ☐ DELETE

NAME  
FOLEY, M.T.  
STREET ADDRESS  
2284 KINGS POINTE DR.  
CITY-ST-ZIP  
LARGO FL

4.1 TITLE P/T/S/D ☒ Change ☐ Addition

4.2 NAME  
FOLEY, M.T.  
4.3 STREET ADDRESS  
2284 KINGS POINTE DR.  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
FAIRCLOTH, F B  
STREET ADDRESS  
U S 19 AND S R 351A  
CITY-ST-ZIP  
CROSS CITY FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME  
DICKERT, D  
STREET ADDRESS  
U S 19 N ABD S R 351A  
CITY-ST-ZIP  
CROSS CITY FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
U.S. 19 AND S.R. 351A  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL T. FOLEY  
CORP. SEC. 4/15/99 (727) 595-0816  
Date Daytime Phone

CR2E034 (11/98)