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CORPORATION
ANNUAL REPORT
1995

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

APPROVED
FILED
95 MAY -1 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K88979** **(5)**

1. Corporate Name
HERB'S LAND DEVELOPMENT CO., INC.

Principal Place of Business
374 JET STREET
JACKSONVILLE FL 32218
US

Mailing Address
374 JET STREET
8
JACKSONVILLE FL 32218
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1989
3a. Date of Last Report: 07/12/1994

2. Principal Place of Business
21
Suite Apt # or
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt # or
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2949130
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. Has corporation had, or elected to have under S. 1012.02 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
HEDGESPETH, ARLENE
374 JET ST
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Unacceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0501, Florida Statutes, the above named corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation is authorized to transact business in the State of Florida. The registered office and registered agent of record are identical to such registered office and registered agent as last filed with the Department of State, Tallahassee, Florida.

Signature of

12. Officers and Directors

Title	D
Name	HEDGESPETH, WILLIAM H.
Address	374 JET ST
City	JACKSONVILLE FL
Title	VD
Name	HEDGESPETH, ARLENE
Address	374 JET ST
City	JACKSONVILLE FL

13. Additional Officers and Directors

Title	☐ Change ☐ Add/Del
Name	
Address	
City	
Title	☐ Change ☐ Add/Del
Name	
Address	
City	
Title	☐ Change ☐ Add/Del
Name	
Address	
City	
Title	☐ Change ☐ Add/Del
Name	
Address	
City	
Title	☐ Change ☐ Add/Del
Name	
Address	
City	
Title	☐ Change ☐ Add/Del
Name	
Address	
City	

14. I hereby certify that the information supplied with this report, including any attachments, is true and accurate and that the corporation has complied with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental annual report filed pursuant to Section 607.0501 Florida Statutes, and the name appearing under item 11 of this report or supplemental annual report, is identical to the registered office and registered agent last filed with the Department of State.

SIGNATURE: Arlene E. Hedgespeth Arlene E. Hedgespeth 4/26/95 904-757-9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0021190 CP