

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

APPROVED  
AND  
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1997 OCT 10 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L01449** (2)  
1. Corporation Name  
**FLORIDA LAND GROUP, INC.**

Principal Place of Business <b>RT. 2, BOX 800 JENNINGS FL 32053</b>	Mailing Address <b>RT. 2, BOX 800 JENNINGS FL 32053-9438</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/13/1989</b>	3a. Date of Last Report <b>08/09/1996</b>
				4. FEI Number <b>59-2974068</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RATLIFF, VICKIE L. RT 4 BOX 77A JASPER FL FL</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>9000002320639--5</b> <b>-10/15/97--01037--012</b> <b>****550.00 ****550.00</b> <b>FL</b> 84 City	
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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 Vickie L. Ratliff Vickie L. Ratliff 10/6/97  
Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RATLIFF, RONALD H.</b>			1.2 NAME			
STREET ADDRESS	<b>RT 4 BOX 77A</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JASPER FL</b>			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOODY, JAMES M.</b>			2.2 NAME			
STREET ADDRESS	<b>RT 1</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JASPER FL</b>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RATLIFF, VICKIE L.</b>			3.2 NAME			
STREET ADDRESS	<b>RT 4 BOX 77A</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>JASPER FL</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Ronald H. Ratliff Ronald H. Ratliff 10/6/97 904-938-1300  
Signature, typed or printed name of registered agent and date of application

CR2E034 (9/96)