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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L09528** **(5)**

1. Corporation Name

STEINHATCHEE LANDING, INC.

Principal Place of Business	Mailing Address
HWY 51 P.O. BOX 789 STEINHATCHEE FL 32359	HWY 51 P.O. BOX 789 STEINHATCHEE FL 32359

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/15/1989**
3a. Date of Last Report: **03/14/1995**
4. FEI Number: **59-2963616** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FOWLER, R. DEAN
HWY 51
STEINHATCHEE FL 32359

10. Name and Address of New Registered Agent

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 607.1505, 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: R. DEAN Fowler — R Dean Fowler — 2/7/96
(Signature of Registered Agent changing registered office or registered agent) (Signature of Registered Agent appointed in this statement) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	VAS	☒ Change ☐ Addition
NAME	FOWLER, R. DEAN		1.2 NAME	FOWLER, LORETTA P	
STREET ADDRESS	PO BOX 789 3RD AVE SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE FL		1.4 CITY-ST-ZIP		
TITLE	VAS	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELLIN, PAULA A		2.2 NAME		
STREET ADDRESS	PO BOX 441 NA HIGHWAY 51		2.3 STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE FL		2.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, SHEILA		3.2 NAME		
STREET ADDRESS	PO BOX 231 NA		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTEZUMA GA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R Dean Fowler — 2-7-96 — 352 498 3513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #