

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 17 PM 1:27

DOCUMENT # L32259 (8)

**1. Corporation Name
ARTLAND, INC.**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**% JAMES WILLIAM DIXON, III
2905 E BLOUNT ST
PENSACOLA FL 32503**

Mailing Address

**% JAMES WILLIAM DIXON, III
2905 E BLOUNT ST
PENSACOLA FL 32503**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
11/22/1989**

**3a. Date of Last Report
07/19/1994**

**4. FEI Number
59-2991863**

**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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIXON, JAMES WILLIAM, III
2905 E BLOUNT ST
PENSACOLA FL 32503**

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 607.1506, 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

JAMES W. DIXON III / PRESIDENT (D)

04/10/95

12. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIXON, JAMES WILLIAM, III
2905 E. BLOUNT STREET
PENSACOLA FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DIXON, BARBARA RAE
2905 E. BLOUNT STREET
PENSACOLA FL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FIELD, PAUL L.
503 RIVER WEST
GREENWICH CT**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**D
FIELD, PAUL L.
4809 WOOD DUCK CIRCLE
VERO BEACH, FL 32967**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(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:

**Barbara Rae Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**BARBARA RAE DIXON 4/10/95 904-434-5348
(Date) (Telephone Number)**