**PROFIT** CORPORATION . 339 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

## FILED Apr 07, 1999 8:00 am Secretary of State

	1999	- DIVISION OF COF	RPORATIONS	04-07-1999 90034 01	5 ***150.0	00
DOCUI	MENT # L36553					
1. Corporation Name						
BT CAROLINA LAND CORP.						
Principal Place	of Business	Mailing Address			1911 81811 91911 91	
433 TREASURE WAY 433 TREASURE WAY						
RUTHERFORDTON NC 28139 RUTHERFORDTON NC 28139				DO NOT WRITE IN THIS	SPACE	
US US				3. Date Incorporated or Qualifed		
				12/15/1989		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21 5/1	ML (AS BLOCK I)	26 SAME AS	Above -	65-0161561	<del></del>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> A Fee Re	II
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip //	Country	<b>28</b>	Country	8. This corporation owes the current year Int	tangible	
24	25	29 30		Personal Property Tax.	☐Yes	<b>№</b> 0
	9. Name and Address of Current			10. Name and Address of New Registered	Agent	
81 Name				_		
VAN BUSKIRK, ROBERT L II				ress (P.O. Box Number is Not Acceptable)		
C/O VERO TRANSFER					<del></del>	***
3495 26TH AVENUE VERO BEACH FL 28139			83			
VENO BEACH FL 20109			84 City	FL	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						registered
l office or r	agistared agent or both in the State o	f Florida. Such change was suffic	orized by the corporation	on's board of directors. I hereby accept the appo	intment as rec	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agent signature require	d when reinstating) DATE	<del></del>	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	van Buskirk, Robert L.		1.2 NAME			
STREET ADDRESS	433 TREASURE WAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	RUTHERFORDTON NC		1.4 CITY-ST-ZIP		- Change	- Addition
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	VANBUSKIRK, TINA CARROLL		2.2 NAME			
STREET ADDRESS	433 TREASURE WAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	RUTHERFORDTON NC	☐ DELETÉ	2.4 CITY-ST-ZIP 3.1 TITLE		Change	Addition
1	V/C	_ 5440.4	3.2 NAME			
NAME STREET ADDRESS	7		3.3 STREET ADDRESS			
CITY-ST-ZIP			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		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<del></del>	☐ Change	Addition
TITLE		₩ DELETE	6.2 NAME			
NAME STREET ADDRESS	Ì		6.3 STREET ADDRESS			
STREET ADDRESS	}		64 CITY-ST-ZIP			į

14. 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:

RKobert Low Buskick 1-11-99

828-286-1774 Daytime Phone #