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

**PROFIT** CORPORATION . ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L45243

CASEY LAND CO., INC.

## **FILED** Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90025 020 \*\*\*150.00



Principal Place	e of Business	Mailing Address						
3616 HARDEN I	BLVD	3616 HARDEN BLVD						
#166 #166						DO NOT WRITE IN T	HIC COACE	
LAKELAND FL 3 US	33803	LAKELAND FL 33803 US				Date Incorporated or Qualifed	IIIO OFACE	<del></del>
00						01/22/1990		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3027996		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year	r Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		<del> </del>		10. Name and Address of New Register	ed Agent	
CLAT	DV DOMALD I			81	Name			
4740	rk, ronald L. Cleveland Heights Blvd.				Street Addre	ddress (P.O. Box Number is Not Acceptable)		
LAKE	ELAND FL 33813			83			1 1 14	
	•			84	City		85 7in	
12 1 1 1 1 1					·		-L	ļ
office or re agent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was a	suthorize	d by ti	-named corpo he corporatior	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	e of changing it opointment as i	ts registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent	signature required	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 T	πE			☐ Change	Addition
TITLE NAME	D Herring, Jerry	☐ DELETE	ŀ	TTLE JAME			☐ Change	Addition
i		☐ DELETE	1.2 N	IAME	ADDRESS		☐ Change	e ☐ Addition
NAME	HERRING, JERRY	☐ DELETE	1.2 N 1.3 S	IAME			☐ Change	
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14. I 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: