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PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L47925

(7)

FEDERATED LAND AND INVESTMENT COMPANY

Principal Place	of Business	Mailing A	Mailing Address				ı şanışalı bil gibil (delib delib şedel dişi gebil dibil bibil bibil bibil bibil bibil			
B14 SPRING LAKE SOUARE POST OFFICE BOX 3096 WINTER HAVEN FL 33881		POST OFF	814 SPRING LAKE SOUARE POST OFFICE BOX 3098 WINTER HAVEN FL 33881-1338							
							3. Date Incorporated or Qualified 02/01/1990		e of Last R 1/1996	eport
2. Principat Pi	ace of Business	2a. Mailing	2a. Mailing Address 26				4. FEI Number 59-3001953	Applied For Not Applicable		
Suite, Apt.	#, etc		Suite, Apt. #, etc.						\$8.75	
22		27					5. Certificate of Status Desired		Fee Re	quired
City & State)	ļ	City & State				6. Election Campaign Financing		\$5.00	
23	1 0	28		T 0=			Trust Fund Contribution		Added	
Zip	Country	Zip	Zip Coun 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Curre		aent	30	Τ		10. Name and Address of New Reg			
MAR	TIN, E. SNOW, JR.	9			81	Name			<u> </u>	
	AKE MORTON DRIVE					O A				
	LAND FL FL 33801		82 S1			Street Add	Address (P.O. Box Number is Not Acceptable)			
					B3				1.	
					B4	City			les 7in	Code
					~	Oity		FL	85 Zip (COOB
11. Pursuant to office or magent. Lac	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508 e of Florida. Suc gations of, Section	8, Florida Statu h change was on 607.0505, F	ites, the a authorize lorida Sta	bove d by tutes	-named corpora the corpora	poration submits this statement for the pu dion's board of directors. I hereby accept	irpose of o	changing It intment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicat	tile (NO	TE Registere	d Age	nt signature requ	ired when reinstating)	DATE		
12.	- <u></u>	ID DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	
TITLE	D		☐ DELETE	1,1 Ti	ITLE			I	Change	Addition
NAME	SWAIN, BRIAN K.			1.2 N	AME					
STREET ADORESS	814 SPRING LAKE SQUARE			1.3 \$	TREET	ADDRESS				
CITY-ST-ZIF	WINTER HAVEN FL		Delete		ITY-S	r-ZIP		· · · · · · · · · · · · · · · · · · ·	٦	
TITLE	D DATE DATE OF		DELETE	2.1 TITLE				١	Change	Addition
NAME	CLINE, PATRICIA 814 SPRING LAKE SQUARE			2.2 N						
STREET ADDRESS	WINTER HAVEN FL				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
CITY - ST - ZIP TITLE	WINTEN TOYEN FL		DELETE	2.40 3.1 Ti		T-ZIP			Change	Addition
NAME			had becer	3.2 N				•		C
STREET ADDRESS						ADDRESS				
CITY-ST-ZIF						T-ZIP				
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 1				·····	Change	Addition
NAME				4.24	AME					
STREET ADORESS				4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				4.4 C	ITY-S	T- ZIP				
TITLE			DELETE	5.1 Ti	TLE				Change	Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY+ST-2IP	**************************************			5.4 C	ITY-\$	T-ZIP	·			
TITLE			DELETE	6.1 Ti	TLE				Change	Addition
NAME				6.2 N	AME					
STREET ADORESS				6.3 S	TREET	ADDRESS				
CITY-ST-ZIP					ITY-S					
 14. I do heret 	by certify that the information supplie	ed with this filing	does not qua	lity for the	exe	mption state	d 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name