PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # L57834

BLACK DIAMOND LAND CORPORATION

Principal Place of Business

Mailing Address

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90142 016 ***150.00



14040 SCHULTZ FT. MYERS FL		14040 SCHULTZ ROAD FT. MYERS FL 33908		DO NOT WRITE IN THIS	S SPACE
	Kalour T	<i>[</i> ,	Now.T	3. Date Incorporated or Qualifed 03/16/1990	
2. Principal Pl	ace of Business	2a. Mailing Address	18549	4. FEI Number 65-0176607	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 FT. MYPI	PS. FL.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 339	31 25 M.S.A		Country 30 U-SA	This corporation owes the current year In Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
SCH	ultz, esther			STAFR Shuff2	
	O SCHULTZ ROAD		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	E LNa
FOR	T MYERS FL 33908		83		
			84 City	Wype Pel Fi	85 Zip Code
				MYERS DCh. FI	- 33931
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute of Florida Such change was au	s, the above-named corp thorized by the corporati	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	ointment as registered
agent. I a	m familiar with and accept the stiget	ons Section 607.0505, Flori	da Statutes.		-00
SIGNATURE	Signature of Control of Control Spirit	pino prio trappincable. (NOTE:	Registered Agent signature require	ed when reinstating)	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
			1.7 (1) LE		
	_				
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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 open attachment with an appreciation of the corporation of the receiver or trustee empowered. CITY-ST-ZIP

ING OFFICER OR DIRECTOR

SIGNATURE: