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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Feb 23, 1999 8:00 am

Secretary of State

02-23-1999 90075 024 ***150.00

CONTENT #	10704	_
DOCUMENT #	19/61	4
Corporation Name		_

MADOAC LAND COMPANY INC

	LAND COMPANT, INC.					11000							
Principal Place	e of Business	Mailing Address						***************************************	•				
707 NW 33RD STREET 6707 NW 33RD STR SAINESVILLE FL 32653 GAINESVILLE FL 33 IS US							DO NOT WRITE IN THIS SPACE						
00								Date Incorporate 08/30/1990	d or Qualifed	I			
2. Principal Place of Business			2a. Mailing Address			4.		FEI Number			A	oplied For	
1	26							<u>59-3050865</u>		Not Applicable			
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.						5. (Certifcate of Stat		\$8.75 Additional Fee Required			
City & State	City & State City & State							Election Campai Trust Fund Cont	-			May Be to Fees	
Zip	Country 25	29	Zip 30	Countr	у			This corporation Personal Proper		rent year In	tangible	□No	
<u> </u>	9. Name and Address of Curre			7			10.	Name and Adda	ress of New	Registered	Agent		
				8	1	Name							
VARGAS, ERNEST R. 6707 NW 33 ST				8:	82 Street Address (P.O. Box Number is Not Acceptable)								
SUITE B-3					3								
GAIN	IESVILLE FL 32653			8-	4	City				FL	85 Zip	Code	
office or re	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the obliga	of Flori	ida. Such change was auth	orized b	v tr	named corpo he corporation	oration on's boa	submits this state ard of directors.	tement for the I hereby acce	e purpose of ept the appo	changing its intment as re	registered gistered	
SIGNATURE							· ····			DATE		<u> </u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.					ent :	signature required		DDITIONS/CHA	NGES TO OF		ND DIRECTO	ORS IN 12	
mle	DP OFFICERS AI	יט טומ	□ DELETE	13.							Change	Addition	
IAME	VARGAS, ERNEST			1.2 NAME						<u>.</u>	_ •		
STREET ADDRESS	2905 NW 68 AVE			•		ADDRESS 6	707	INW	33 S		_		
RECIADORESSI 2303 1111 OU AVE					,_	~~~ ×			51.	つって	.3		

Fla. 32653 Gainesville GAINESVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE VARGAS, CHRISTOPHER H. 2.2 NAME NAME 2.3 STREET ADDRESS 2905 NW 68 AVENUE STREET ADDRESS GAINESVILLE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME VARGAS, JULIA NAME STREET ADDRESS 6707 NW 33 STREET 3.3 STREET ADDRESS **GAINESVILLE FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

ion 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ion of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report or s officer or director of the corporal Block 12 or Block 13 if changed

SIGNATURE:

Ernest R. Vargas Op