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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

J. L. LAND DEVELOPMENT, INC.

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Principal Place o		Mailing Address	e post					
DAVENPORT	H MOSS ROAD FL 33837	101 SPANISH MOS DAVENPORT FL 33						
US		US			3. Date Incorporated or Qualified 03/30/1987	3a. Date 0	f Last Rec 2/06/19	95
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 38-2754844		F-4-	pplied For of Applicable
1 Suite, Apt. #,	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired			Additional equired
City & State		City & State		,,	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Ζηρ 29	Gountry 30		8. This corporation has liability for in Florida Statutes Yes	ntangible tax	under s	199.032,
4	9. Name and Address of Current		- 1901		10. Name and Address of New R	legistered A	gent	
	g. 110Hit Bill Addition of Collecti		81	Name				
	, MARK Panish Moss Road		82	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
	PORT FL 33837		83					
•			84	City	ration submits this statement for the pu	FL		Code
SIGNATURE	Sunature, typed or printed han a of registered against a		TADTE Registered Agen	t signature require	nt which translating ADDITIONS/CHANGES TO OFF			
TITLE	PDT	☐ DELETE	1 1 TITLE			L] Change	Modified Addition
NAME	LEWO, JOE 101 Spanish Moss Road		1.2 NAME					
STREET ADDRESS			LASTREET	ADDRESS				
	I DAVENPORTE							
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Lob hereby certify that the information supplied with this filing is voluntarily turnished and does not quality for the exemption stated in Section 119.0/(s)(ii), Florida Statutes 1 runner certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the feelewer 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 attacking the made and the supplemental trusted 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 attacking the made and the supplemental trusted in the supplement 1-29-96 941-424-6000

SIGNATURE:

THE AND TYPES ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR