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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90024 033 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M49322

1. Corporation Name

J. L. LAND DEVELOPMENT, INC.

Principal Place of Business

**101 SPANISH MOSS ROAD
DAVENPORT FL 33837
US**

Mailing Address

**101 SPANISH MOSS ROAD
DAVENPORT FL 33837
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1987

4. FEI Number

38-2754844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip

25

Country

City & State

28

Zip

30

Country

9. Name and Address of Current Registered Agent

**SCOTT, MARK
101 SPANISH MOSS ROAD
DAVENPORT FL 33837**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input type="checkbox"/> DELETE
NAME	LEWO, JOE	
STREET ADDRESS	101 SPANISH MOSS ROAD	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GELDHOF, MARK T	
STREET ADDRESS	101 SPANISH MOSS RD.	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SCOTT, MARK	
STREET ADDRESS	101 SPANISH MOSS RD	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRANDON, JACK	
STREET ADDRESS	130 E. CENTRAL AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIEHL, ROBERT J JR	
STREET ADDRESS	100 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48243	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DIEHL, ROBERT J JR	
STREET ADDRESS	100 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **X** *Mark Scott* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 (441) 424-6070 Date Daytime Phone #

CR2E034 (11/98)