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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08549

(0)

1. Corporation Name

FLORIDA LAND COUNCIL, INC.



Principal Place of Business

Mailing Address

C/O L.M. BUDDY BLAIN
110 E. MADISON ST., STE#203
TAMPA FL 33602-4702
US

C/O L.M. BUDDY BLAIN
110 E. MADISON ST., STE#203
TAMPA FL 33602-4702
US

3. Date Incorporated or Qualified

04/04/1985

3a. Date of Last Report

08/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAIN, L.M.
100 MADISON STR, STE 300
TAMPA FL 33602

81 Name

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

110 E. Madison St., Suite 203

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **CD**
DAVIS, NANCY
STREET ADDRESS **80 SW 8 STR, STE 2110**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE ☐ DELETE

NAME **SD**
TAYLOR, TOM
STREET ADDRESS **7000 S. TAMiami TRAIL(TAYLOR RANCH, INC)**
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ DELETE

NAME **VTD**
GRIFFIN, BEN HILL I
STREET ADDRESS **700 S ALT 27 @ 7TH ST**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

D

☒ Change ☐ Addition

CD

☒ Change ☐ Addition

VD

☒ Change ☐ Addition

TD

☐ Change ☒ Addition

Joe Marlin Hilliard
Rt. 2 Box 175
Clewiston, FL 33440

SD

☐ Change ☒ Addition

Bob Allen
149 S. Ridgewood Avenue
Daytona Beach, FL 32114

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96
Date

904-222-7535
Daytime Phone #

CR2E037 (12/95)