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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 03/27/1996

2. Principal Place of Business
21 310 W. College Ave.
Suite, Apt. #, etc.
22
City & State
23 Tallahassee, FL
Zip 24 32301 Country 25 USA

2a. Mailing Address
26 310 W. College Ave.
Suite, Apt. #, etc.
27
City & State
28 Tallahassee, FL
Zip 29 32301 Country 30 USA

4. FEI Number: 59-2607230 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLAIN, L.M.
110 E. MADISON STREET SUITE 203
TAMPA FL 33602

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, NANCY		1.2 NAME	
STREET ADDRESS	80 SW 8 STR, STE 2110		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	CD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, TOM		2.2 NAME	
STREET ADDRESS	7000 S. TAMIAMI TRAIL(TAYLOR RANCH, INC)		2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, BEN HILL I		3.2 NAME	
STREET ADDRESS	700 S ALT 27 @ 7TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HILLIARD, JOE MARLIN		4.2 NAME	
STREET ADDRESS	RT 2 BOX 175		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, BOB		5.2 NAME	
STREET ADDRESS	149 S. RIDGEWOOD AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 904-222-7535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046953