FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N24865** **(0)**

1. Corporation Name
LAND O' LAKES 54/CARSON ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
38 NORTH PINE CIRCLE BELLEAIR FL 34616	38 NORTH PINE CIRCLE BELLEAIR FL 34616

3. Date Incorporated or Qualified: 02/16/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2580060 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMAS, BERTON RADEN 38 NORTH PINE CIRCLE BELLEAIR FL 34616	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] BERTON RADEN THOMAS 29 June 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, LOIS I.	1.2 NAME	
STREET ADDRESS	38 NORTH PINE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD ☐ Change ☑ Addition
NAME	BILD, DR. GEOFFREY M. DeLete	2.2 NAME	BRANT, MS JENNIFER R.
STREET ADDRESS	1911 N. SADDLEBROOK LANE	2.3 STREET ADDRESS	1612 SAN CHARLES
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	DUNEDIN FL 34697
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, BERTON RADEN	3.2 NAME	
STREET ADDRESS	38 NORTH PINE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL 34616	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: [signature] 29 June 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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