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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:24

DOCUMENT # N27632 (1)

1. Corporation Name
RETIRED OFFICERS' LAND CORPORATION

Principal Place of Business	Mailing Address
15209 LAKE MAURINE DRIVE ODESSA FL 33556-3111 US	15209 LAKE MAURINE DRIVE ODESSA FL 33556-3111 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1988
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2909809 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 1010 AMERICAN EAGLE BLVD.,	26 1010 AMERICAN EAGLE BLVD
Suite, Apt. #, etc. 22 Box 352 (FOURTH Floor)	Suite, Apt. #, etc. 27 Box 352 (FOURTH Floor)
City & State 23 SUN City CENTER, FL	City & State 28 SUN City CENTER, FL
Zip / Country 24 33573 / 25 USA	Zip / Country 29 33573 / 30 USA

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
GREZAFFI, JOSEPH 1010 AMERICAN EAGLE BLVD., #227 SUN CITY CENTER FL 33573	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 _____ 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	CPD	1.1 TITLE	☒ Change ☐ Addition
NAME	GREZAFFI, JOSEPH	1.2 NAME	
STREET ADDRESS	7752 HEATHER STREET	1.3 STREET ADDRESS	1010 AMERICAN EAGLE BLVD., #227
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, LUTHER R.	2.2 NAME	
STREET ADDRESS	15209 LAKE MAURINE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GARTEN, MELVIN	3.2 NAME	
STREET ADDRESS	60 MARTINIQUE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GARBETT, JOHN S	4.2 NAME	
STREET ADDRESS	1010 AMERICAN EAGLE BLVD #350	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	BROWN, PETER R.	5.2 NAME	
STREET ADDRESS	172 HARBOR AGE COURT	5.3 STREET ADDRESS	11180 6TH STREET E.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	TREASURE ISLAND, FL
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 is added in an attachment with an address.

SIGNATURE: Luther R. Lloyd LUTHER R. Lloyd 7 FEB 1995 813/[illegible]-4467
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone Number

0052601