

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48964

(3)

1. Corporation Name

THE SCRUB LAND TRUST, INC.

Principal Place of Business

Mailing Address

502 E NEW HAVEN AVE
SUITE 138
MELBOURNE FL 32901
US

502 E. NEW HAVEN AVE.
SUITE 138
MELBOURNE FL 32901
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3133647

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 502 E. New Haven Ave

26 502 E. New Haven Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 229

27 Suite 229

City & State

City & State

23 Melbourne FL

28 Melbourne, FL

Zip

Country

Zip

Country

24 32901

25 US

29 32901

30 US

5. Certificate of Status Desired

☐

\$0.75 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. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, JOEL E.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BROWN, ROBERT

STREET ADDRESS

225 E. MYLES DR

CITY - ST - ZIP

MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

BALDWIN, WILLIAM

STREET ADDRESS

312 SANDPINE ROAD

CITY - ST - ZIP

INDIALANTIC FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

SD

NAME

JOHNS, CAROL

STREET ADDRESS

2115 PALM AVE

CITY - ST - ZIP

INDIALANTIC FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☒ Change ☒ Addition

TITLE

TD

NAME

BETOURNAY, PAUL

STREET ADDRESS

7137 S HWY 1A, UNIT G

CITY - ST - ZIP

MELBOURNE FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

D

NAME

BOYD, JOEL E.

STREET ADDRESS

100 RIALTO PLACE, SUITE 510

CITY - ST - ZIP

MELBOURNE FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☒ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95 407-726-4126