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 MAR 29 AM 7:31

DOCUMENT # N94000004373 (6)

1. Corporation Name
THE FLORIDA TRAIL LAND TRUST, INC.

Principal Place of Business
5415 SW 13TH ST.
GAINESVILLE FL 32608-5037

Mailing Address
~~5415 SW 13TH ST.~~
~~GAINESVILLE FL 32608-5037~~
P.O. Box 13708
Gainesville FL 32604-1708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1994
3a. Date of Last Report:
4. FEI Number: 59-3296261 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26: P.O. Box 13708
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Gainesville FL
Zip — 24 / Country — 25
Zip — 29: 32604-1708 / 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
NYMARK, DENNIS V
~~102 S. PEBBLE BEACH BLVD.~~
~~SUITE B-103~~
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 110 So. Pebble Beach Blvd
83
84 City: Sun City Center FL — 85 Zip Code: 33573

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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DP~~ D	11 TITLE	☐ Change ☐ Addition
NAME	PALMER, ETHEL	12 NAME	
STREET ADDRESS	870 ELDORADO AVE.	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34630	14 CITY ST ZIP	
TITLE	DV	21 TITLE	DV ☑ Change ☐ Addition
NAME	HALE, PAMELA	22 NAME	Kent Wimmer
STREET ADDRESS	1563 VAN BUREN AVE. SE	23 STREET ADDRESS	910 Blackwood Ave
CITY ST ZIP	PALM BAY FL 32909	24 CITY ST ZIP	Tallahassee FL 32303
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, JUNE M.D.	32 NAME	
STREET ADDRESS	322 FOREST RD.	33 STREET ADDRESS	
CITY ST ZIP	MT. DORA FL 32757	34 CITY ST ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	BALDINI, ERNEST A	42 NAME	
STREET ADDRESS	453 WATTS WAY	43 STREET ADDRESS	
CITY ST ZIP	COCOA BEACH FL 32931	44 CITY ST ZIP	
TITLE	DT	51 TITLE	☐ Change ☐ Addition
NAME	NYMARK, DENNIS V	52 NAME	
STREET ADDRESS	102 PEBBLE BEACH BLVD., SUTIE B-103	53 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL 33573	54 CITY ST ZIP	
TITLE	~~D~~	61 TITLE	DS ☐ Change ☐ Addition
NAME	KERN, JAMES	62 NAME	Mary Anne Fryer
STREET ADDRESS	8000 SW 117TH AVE. #C201	63 STREET ADDRESS	3016 Riverside Park Rd
CITY ST ZIP	MIAMI FL 33186	64 CITY ST ZIP	Orlando FL 32810

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/18/95 813-634-8447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #