FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P15019 (3) NATIVE WOODLAND PROPERTIES, INC.								
Principal Place of Business Mailing Address					I SBANIĐĀS NOL SIDEL ĀSUM ĎŒVAD KREST SA	i sirii giali diali	Bibli Bibli	CLOH (DA)
4224 OYSTER BAY DRIVE FERNANDINA BEACH FL 32034		1543 OX BOTTOM ROAD TALLAHASSEE FL 32312-3527						
					3. Date Incorporated or Qualified 06/29/1987	3a. Date o		aport
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number			plied For
		26			59-2837351			Applicable
Suite, Ap اما	it #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	□ \$	6.75 A	Additional additional
(2) City & Sta	ale	City & State			6. Election Campaign Financing		\$5.00	<u></u>
3		28			Trust Fund Contribution		Added t	
Ζφ	Country	Zip	Country	/	8. This corporation has liability for			199.032,
4	25	29	. 30			Yes 🔽 N		
	9. Name and Address of Curren	it Hegistered Agent	81	Name	10. Name and Address of New Re	gisterea Age	nt	
	JNNELL, WALTER G. III		0,					
1543 OX BOTTOM ROAD				Street Add	fress (P.O. Box Number is Not Acceptal	ole)		
I.F.	ALLAHASSEE FL 32312		83					
			84	City		FL	5 Zip t	Code
SIGNATURE	Signature, typed or printed harne of registered age OFFICERS ANI		OTE Registered Ag	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI	RECTOR	S IN 12
ĭI.€	PD	☐ DELEYE	1.1 TITLE				Change	Addition
NAMI	BUNNELL, WALTER G. #		1,2 NAME	į				
TREET ADDRESS	('''' ''' '''' ''''		1.3 STREET	· · · · · · · · · · · · · · · · · · ·				
ITY - ST - ZIP	TALLAHASSEE FL	T DELETE	1.4 CiTy - 5	ST-ZiP			Change	Addition
HTLÉ SME	SD BUNNELL, DEBORAH W.	m nercie	2.1 TITLE 2.2 NAME			لسا	огинде	MODIODI
AME IREET AUDRESS			2.3 STREET	ANDRESS				
INCLLAUUNES: (1Y+S1+Z)F	TALLAHASSEE FL		2.4 CITY-					
iilf	D	☐ DELETE	3.1 TITLE				Change	Addition
A M :	WILLIAMS, H.E.		3.2 NAME	Ì				
THEET ADDRESS			33 STREE	r address				
my 51-7 <i>2</i>		34	3.4. CITY-	ST-ZIP			<u></u>	
ITLE	D	☐ DELETE	4.1 TITLE	{			Change	Addition
IAME	WILLIAMS, W.A		4. 2 NAME					
TREET ADDRESS	,	54		ADDRESS				
174 - \$1 - 700 :TLF	FERNANDINA BEACH FL 3200	SA DELETE	4.4 CITY - S 5.1 TITLE	SI-ZIP		11	Change	Addition
iller IAME	WILLIAMS, E.A		5.2 NAME					
TRELL ADDRESS			4	I ADDRESS				
Offy - ST- ZIP	FERNANDINA BEACH FL 320	34	5.4 CITY-1					
II.F	0	DELETE	61 TITLE				Change	Addition
NAME	WILLIAMS, B.H.		6.2 NAME	[
STREET ADDRESS			6.3 STREE	r adoress				
£.15 . 07 . 3.0	EEDMANINNA REACH EL 220	2.4	E 4 CITY	er 210				

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 it 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

4-30-97

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FILED

May 14 1997 8:00am

Secretary of State