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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

1996

DOCUMENT # P31035

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WOODLAWN LAND COMPANY, INC.

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SECRETARY OF STATE

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Principal Place of Business Mailing Address P.O. BOX 66338 BATON ROUGE LA 70896 Mailing Address P.O. BOX 66338 BATON ROUGE LA 70896					
			0896	4-12	
				3. Date Incorporated or Qualified 09/24/1990	3a. Clate of Last Report 02/16/1995
Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		72-0383316	Not Applicab
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Dity & State		City & State		6. Election Campaign Financing	\$5.00 May Be
My o otale		28		Trust Fund Contribution	Added to Fees
?ip	Country	Zip	Country	8. This corporation has liability for i	
	25	29	[30]	Florida Statutes Yes 10. Name and Address of New R	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New A	egistered Agent
CT CORPORATION SYSTEM			82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
	PINE ISLAND ROAD TION FL 33324		83		
PLANIA	HUN FL 33324				ar Zo Codo
			84 City		FL 85 Zip Code
inature. s	ignature, typed or printed han elof registered agosti.	and title if annicable (N	OTE: Registeren Agent signature reg		DATE
	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
	OFFICERS AND				ICERS AND DIRECTORS IN 12
1	P ARMSTRONG, R. R.	DIRECTORS	13. 1.1 TITLE 12 NAME		ICERS AND DIRECTORS IN 12
	P ARMSTRONG, R. R. 5551 CORPORATE BLVD	DIRECTORS	13. 1.1 TITLE 12 NAME 13 STHEET ADDRESS		ICERS AND DIRECTORS IN 12
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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 logal 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SPICER OR DIRECTOR

1/25/96 5049261000