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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P31035

(9)

1. Corporation Name

WOODLAWN LAND COMPANY, INC.

Principal Place of Business

P.O. BOX 66338
BATON ROUGE LA 70896

Mailing Address

P.O. BOX 66338
BATON ROUGE LA 70896

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

72-0383316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
ARMSTRONG, R R
STREET ADDRESS
5551 CORPORATE BLVD
CITY-ST-ZIP
BATON ROUGE LA 70808

TITLE ☐ DELETE

NAME
V
DIXON, MARY L
STREET ADDRESS
5551 CORPORATE BLVD
CITY-ST-ZIP
BATON ROUGE LA 70808

TITLE ☐ DELETE

NAME
ST
ISTRE, KEITH A
STREET ADDRESS
5551 CORPORATE BLVD
CITY-ST-ZIP
BATON ROUGE LA 70808

TITLE ☐ DELETE

NAME
AST
MILLER, BEN R JR.
STREET ADDRESS
P.O. BOX 3513 N/A
CITY-ST-ZIP
BATON ROUGE LA

TITLE ☐ DELETE

NAME
D
REILLY, KEVIN P JR.
STREET ADDRESS
5551 CORPORATE BLVD
CITY-ST-ZIP
BATON ROUGE LA 70808

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

LAMAR, CHARLES, W. III
5551 CORPORATE BLVD
BATON ROUGE LA 70808

14. I 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 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] **RECEIVED**

1/7/98

1500 126-1000

CR2E034 (10/97)