

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

OFFICE OF THE
SECRETARY OF STATE
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 MAY -1 PM 2:02

DOCUMENT # **P9200000113 (0)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LYDIA LAND AND DEVELOPMENT INCORPORATED

1836 WOODWARD STREET ORLANDO FL 32803

3. Date of Preparation of Report: **10/26/1992**
3a. Date of Last Report: **04/14/1994**

21. Mailing Address: 340 WILSHIRE BLVD	26. Mailing Address: 340 WILSHIRE BLVD	4. F.F. Number: 59-3051182	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
22. Mailing Address: CASSELBERRY, FL.	27. Mailing Address: CASSELBERRY, FL.	5. Certificate of Status Debated: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Mailing Address: 32707 USA	28. Mailing Address: 32707 USA	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Mailing Address: 32707 USA	25. Mailing Address: 32707 USA	8. This corporation has been previously registered in another state: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent: NICHOLSON, CHALMER W 1836 WOODWARD STREET ORLANDO FL 32803	10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number, if P.O. Box): 340 WILSHIRE BLVD. 83. WILSHIRE PLAZA 84. City: CASSELBERRY FL 85. Zip Code: 32707
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11. I, the undersigned, being duly sworn to and being duly qualified, do hereby certify that the information furnished herein is true and correct for the purpose of filing this report with the Secretary of State, Florida. I do hereby certify that the information furnished herein is true and correct for the purpose of filing this report with the Secretary of State, Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS														
<table border="1"> <tr> <td>NAME</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>NICHOLSON, CHALMER W III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1836 WOODWARD STREET</td> </tr> <tr> <td>CITY</td> <td>ORLANDO FL 32803</td> </tr> </table>	NAME	D	NAME	NICHOLSON, CHALMER W III	STREET ADDRESS	1836 WOODWARD STREET	CITY	ORLANDO FL 32803	<table border="1"> <tr> <td>NAME</td> <td>NICHOLSON, CHALMER W. III</td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 WILSHIRE BLVD.</td> </tr> <tr> <td>CITY</td> <td>CASSELBERRY, FLORIDA 32707</td> </tr> </table>	NAME	NICHOLSON, CHALMER W. III	STREET ADDRESS	340 WILSHIRE BLVD.	CITY	CASSELBERRY, FLORIDA 32707
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14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.01, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct 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 officer or director empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears in Block 1, or Block 1a, of the report, or on an attachment with an address.

SIGNATURE: *Chalmer W. Nicholson III*
SIGNATURE AND TYPED OR PRINTED NAME OF BRIDING OFFICER OR DIRECTOR

4-29-95 1-407-267-6557