


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P92000001568 (4)			
1. Corporation Name JTB LAND DEVELOPMENT, INC.			
Principal Place of Business 6900 SOUTHPOINT DR SUITE 430 JACKSONVILLE FL 32216 US		Mailing Address 6900 SOUTHPOINT DR SUITE 430 JACKSONVILLE FL 32216-0938 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. SUITE 250 22 City & State JACKSONVILLE FL 23 Zip 32216 24 Country US		2a. Mailing Address 25 Suite, Apt. #, etc. SUITE 250 26 City & State JACKSONVILLE FL 27 Zip 32216 28 Country US	
9. Name and Address of Current Registered Agent SANKERS, GUS 6900 SOUTHPOINT DRIVE SUITE 430 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SUITE 250 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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	FRANSEN, VICTOR R	8221 OLD COURTHOUSE ROAD, SUITE 204	VIENNA VA
DVP	PRENTICE, BRYANT H	8221 OLD COURTHOUSE ROAD, SUITE 204	VIENNA VA
VPST	HUTCHINSON, MARC C.	8221 OLD COURTHOUSE ROAD, SUITE 204	VIENNA VA
VP	SANKERS, GUS	6900 SOUTHPOINT DRIVE, NORTH #230	JACKSONVILLE FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
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 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 OFFICER OR DIRECTOR			



CR2034 (9/96)

4-14-96 904-246-1112