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Apr 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000011374 (5)

1. Corporation Name

TKL LAND DEVELOPMENT INCORPORATED

Principal Place of Business

8902 N DALE MABRY HWY  
STE 214  
TAMPA FL 33614  
US

Mailing Address

8902 N DALE MABRY  
STE 214  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

59-3154299

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NORD, KIM K  
11405 ORILLA DEL RIO PLACE  
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME  
DST  
NORD, LORRIE L  
STREET ADDRESS  
2809 CARROLL LAKE ST.  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
DVP  
NORD, TERRI J  
STREET ADDRESS  
4014 W. WATERS AVE. APT. 1201  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
DP  
NORD, JOHN  
STREET ADDRESS  
10008 N. DALE MABRY HIGHWAY - SUITE 111  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
DVP  
NORD, KIM K  
STREET ADDRESS  
10008 N. DALE MABRY HIGHWAY, SUITE 111  
CITY-ST-ZIP  
TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

*John Nord* (JOHN NORD)

4/13/98

813-932-4600

CR2E034 (10/97)