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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001891 (9)
L & J LAND COMPANY, INC.

FILED Feb 13 1998 8:00am Secretary of State



i									
Principal Place of Business Mailing Address							18191 1J861 II) 114 PB-0	
428 QUAY AS NEW SMYRNA			428 QUAY ASSISI NEW SMYRNA BEACH FL			DO NOT WRITE IN TH	S SPACE	<u> </u>	
						3. Date Incorporated or Qualified 01/04/1993			
2. Principal Pi	lace of Business	2s. Mailing Ad	dress			4, FEI Number		Apr	olied For
21		26				59-3169117		Not	Applicable
Suite, Apt	#, etc	Suite, Apt	#, etc.			5, Certificate of Status Desired	T	.75 A	dditional quired
City & State	D	City & Stati	0			6. Election Campaign Financing Trust Fund Contribution		00.5 dded to	May Be Fees
Zip	Country	Zip	C	ountry	•	a. This corporation owes or has paid the			
24	25 29 30			Personal Property Tax due June 30. 🛂 Yes 🔲 No					No
<u> </u>	g. Name and Address of Currer	nt Registered Agent	<u> </u>	-	1	10. Name and Address of New Registers	d Agent		
	ITH, J. LAWRENCE			81	Name				
	B QUAY ASSISI W SMYRNA BEACH FL				Street Add	ess (P.O. Box Number is Not Acceptable)			
				83					
				84	City	F	L 85	Zip C	000
office or r agent I a SIGNATURE	to the provisions of Sections 607.055 ogistered agent, or both, in the State in familiar with, and accept the oblight Signature typind or protect many of registered my	r of Flonda, Such chi pations of, Section 60	ange was authoriz 7.0505, Florida St	ed by atute	y the corpora s.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a current when reinstating)	ippointme	int as r	registered
12.	OFFICERS AN	ID DIRECTORS	13	ì,		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	S IN 12
TITLE	D		DELETE 1.1	TILE			Ch	ange	Addition
NAME	SMITH, J. LAWRENCE		1.2	NAME					
STREET ADDRESS	428 QUAY ASSISI		1.3	STREET	ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32			CITY-5	T-ZIP				
TITLE			DELETE 2.1	TITLE			☐ Ch	ange	Addition
NAME			2.2	NAME					
STREET ADDRESS			2.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-	ST - ZIP				
TITLE		LJ		TITLE			[_] Ch	ange	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				CITY -	ST-ZIP		Ch	2000	Addition
TITLE				TITLE	}		(UI	ariyo	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				CITY-S	51-ZIP		Ch	ange	Addition
NAME		L L		NAME					
STREET ADDRESS					ADDRESS				
				CITY-S	4				
CITY-ST-ZIP TITLE				TITLE	21 - ZIF		☐ Ch	nange	Addition
NAME				NAME					
STREET ADORESS					ADDRESS				
			1	DITY-S	- 1				
CITY-ST-ZIP	partile that the information complied u	with this blood stope o				n Section 119 07(3)(i) Florida Statutes I further	certify th	at the	information

Thereby cernly that the information supplied with this timing does not quality for the exemption stated in Section 119.0 (13)(), Florida Statules. 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 Statules; and that my name appears in Block 12 or Block 13 if changed, of our trustition with an address.