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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000002436 (2) DOCUMENT #

LAND DEVELOPERS, INC.

FILED Feb 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3840 CROWN POINT ROAD, SUITE A 3840 CROWN POINT ROAD, SUITE A JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/06/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3161012 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name KNOWLES, MARK A 3840 CROWN PT RD 82 Street Address (P.O. Box Number is Not Acceptable) STE A В3 JAX FL 32257 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 application (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DPS DELETE Addition Change TITLE 1.1 TITLE COLLINS, J. D. 1.2 NAME NAME **CR2E034** 3840 CROWN PT RD, STE A STREET ADDRESS 1.3 STREET ADDRESS JACKSONMLLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP __ DELETE Addition Change 21 TITLE TITLE. STOKES, E. CHESTER JR 22 NAME NAME 9551, STE 4 STREET ADDRESS 2.3 STREET ADDRESS Jacksonville fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE KNOWLES, MARK A NAME 3.2 NAME 3840 CROWN PT RD, STE A STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE HOLLAND, BEVERLY J NAME 4. 2 NAME 3840 CROWN PT RD ,STE A STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

CITY-ST-ZIP 6.4 CITY-S1-ZIP 14. Thereby 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 of 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 my properties.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

MARK A. KNOWLES, TREASURER **JANUARY 20, 1998**

Addition

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