

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. McInnam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 25 AM 11:58

DOCUMENT # P93000010652 (4)

1. Corporation Name

FLORIDA LAND PLANNING, INC.

Principal Place of Business

**1342 COLONIAL BLVD.
#8A
FT. MYERS FL 33907**

Mailing Address

**1342 COLONIAL BLVD.
#8A
FT. MYERS FL 33907**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

12/08/1994

4. FEI Number

65-0522863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1342 Colonial Blvd.

2a. Mailing Address

26 1342 Colonial Blvd.

Suite, Apt. #, etc.

22 #H60

Suite, Apt. #, etc.

27 #H60

City & State

23 Fort Myers, Florida

City & State

28 Fort. Myers, Florida

Zip

24 33907

Country

25 USA

Zip

29 33907

Country

30 USA

9. Name and Address of Current Registered Agent

DAY, CARRON

**1342 COLONIAL BLVD. #8A
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

Day, Carron

82 Street Address (P.O. Box Number is Not Acceptable)

1342 Colonial Blvd. #H60

83

84 City

Fort Myers

FL

85 Zip Code

33907

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 the applicable

NOTE: Registered Agent signature required when resigning

DATE

5/19/95

12. OFFICERS AND DIRECTORS

TITLE

DPST

NAME

DAY, CARRON

STREET ADDRESS

1342 COLONIAL BLVD., #8A

CITY, ST, ZIP

FT MYERS FL 33907

TITLE

V

NAME

HUTCHCRAFT, MITCHEL A

STREET ADDRESS

1342 COLONIAL BLVD. 8A

CITY, ST, ZIP

FT MYERS FL 33907

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST

☒ Change

☐ Addition

1.2 NAME

Day, Carron

1.3 STREET ADDRESS

1342 Colonial Blvd. #H60

1.4 CITY, ST, ZIP

Fort Myers, Florida 33907

2.1 TITLE

V

☒ Change

☐ Addition

2.2 NAME

Hutchcraft, Mitchel A

2.3 STREET ADDRESS

1342 Colonial Blvd. #H60

2.4 CITY, ST, ZIP

Ft. Myers, Florida 33907

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, as required, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

813-278-5222

System Name