

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:21

DOCUMENT # **P93000034090 (9)**

1. Corporation Name
MELIX LAND COMPANY

Principal Place of Business
**6100 DEACON DR.
WINDERMERE FL 34786**

Mailing Address
**6100 DEACON DR.
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/11/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3181474		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No consolidated	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F & L CORP
THE GREENLEAF BUILDING THIRD FLOOR
200 LAURA ST
JACKSONVILLE FL 32201-0240**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERTON, TOBY	1.2 NAME	SILVERTON TOBY N
STREET ADDRESS	5068 ISLEWORTH COUNTRY CLUB DR.	1.3 STREET ADDRESS	5353 ISLEWORTH COUNTRY CLUB DR
CITY - ST - ZIP	WINDERMERE FL	1.4 CITY - ST - ZIP	WINDERMERE FL 34786
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERTON, VIVIANNE	2.2 NAME	SILVERTON VIVIANNE
STREET ADDRESS	5068 ISLEWORTH COUNTRY CLUB DR.	2.3 STREET ADDRESS	5353 ISLEWORTH COUNTRY CLUB DR
CITY - ST - ZIP	WINDERMERE FL	2.4 CITY - ST - ZIP	WINDERMERE FL 34786
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, CHRISTOPHER K.	3.2 NAME	
STREET ADDRESS	5524 ISLEWORTH COUNTRY CLUB DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, JEFFERSON R.	4.2 NAME	VOSS JEFFERSON R
STREET ADDRESS	P.O. BOX 305	4.3 STREET ADDRESS	550 JEFFERSON STREET
CITY - ST - ZIP	OAKLAND FL	4.4 CITY - ST - ZIP	OAKLAND FL 34760
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(a), 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 change or new attachment with an address.

SIGNATURE: **Jefferson R. Voss, V.P.** 2/20/95 407/876-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR