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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90139 035 \*\*\*150.00

## DOCUMENT # P93000036719 1. Corporation Name

FLORIDA LAND RECLAMATION, INC.

Principal Place of Business Mailing Address							-	
205 S CENTRAL AVE 205 S CENTRAL AVE								
BARTOW FL 33		BARTOW FL 33830				DO NOT WOLFF IN THE CRACE		
US US						DO NOT WRITE IN THIS SPACE		
	,					3. Date Incorporated or Qualifed 05/19/1993		
2. Principal Place of Business 2a. Mailing Addr			dress			4. FEI Number Applied	For	
26				_		59-3181364 Not App	olicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired Fee Required		
City & State City & State						6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fer		
Zip	Country	Zip				8. This corporation owes the current year Intangible		
24	25		30			Personal Property Tax.		
	9. Name and Address of Current Registered Agent		331			10. Name and Address of New Registered Agent		
			-	81	Name			
MOS	LEY, MICHAEL W			_	<b>A</b>	(DO D. Martin I. Mak A	——	
1335 E CLINTON ST				82	Street Address (P.O. Box Number is Not Acceptable)		ļ	
BARTOW FL 33830				83				
			ļ	"				
			ľ	84	City	FL 85 Zip Code	- 1	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was autions of, Section 607.0505, Flor	s, the at thorized ida Statu	bove by t ites.	named corp the corporation	oration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as register	tered red	
SIGNATURE	•					_ `	1	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agent	signature required	d when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE	D	☐ DELETE	1.1 773	Œ		Change	Addition	
NAME	MOSLEY, MICHAEL W		1.2 NAME					
STREET ADDRESS	1335 E CLINTON ST		1.3 STI	REET.	ADDRESS			
CITY+ST-ZIP	BARTOW FL 33830		1.4 CITY-		-ZIP	·		
TITLE	D	☐ DELETE	2.1 TIT			Change	Addition	
NAME	MOSLEY, BONITA K		2.2 NA	ME		•		
Ĺ	1335 E CLINTON ST		2.3 STREE		ADORESS			
STREET ADDRESS	D. D		***	-	-  -	and the second s		
CITY-ST-ZIP	······································		2. 4 Cl		1-4P	☐ Change	Addition	
TITLE			1		İ		1	
NAME			3.2 NA			•	{	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CI		r-zip		7 Addition	
TITLE	DELETE 4.1		4.1 TIT	.1 TITLE		Change	Addition ]	
NAME	·		4. 2 N	ME	•	:		
STREET ADDRESS	•		4.3 ST	REET	ADDRESS	•	ļ	
CITY-ST-ZIP			4.4 CD	TY-ST	-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TT			Change	Addition	
NAME		• .	5.2 NAME			· ,		
			5.3 ST	REET	ADDRESS	,		
STREET ADDRESS	·		1		ſ	,	İ	
CITY-ST-ZIP		☐ DELETE	5.4 CITY-1		<del></del>	☐ Change ☐	Addition	
TITLE		C) DELETE	6.2 NAME			C Outrige C	-	
NAME 5	BUNG TOWN	, <sup>44</sup>			ADDRESS		}	
STREET ADDRESS		á.			ADDRESS			
CITY-ST-ZIP	ت است او راید مو این مصلون و دید این راید ا		6.4 CI	TY-ST	-ZIP			

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, with all other like empowered.

941-533-1481