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FILED

May 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000046015 (2)

1. Corporation Name

CONTINENTAL ACREAGE CO., INC.

Principal Place of Business

600 SOUTH HOPKINS AVENUE  
TITUSVILLE FL 32798  
US

Mailing Address

P.O. BOX 733  
MIMS FL 32754-0733



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

06/30/1993

3a. Date of Last Report

05/01/1996

4. FCI Number

59-3240915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

DENNARD, AMY R  
5200 AMY WAY  
MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name

TIMOTHY R. DENNARD, JR.

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

5200 AMY WAY

83

84 City MIMS

FL

85 Zip Code 32754

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

*Timothy R. Dennard Jr.*  
Signature, typed or printed name of registered agent and title, if applicable

*Timothy R. Dennard Jr.*  
(NOTE: Registered Agent signature required when re-registering)

4/23/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME DENNARD, AMY R  
STREET ADDRESS 5200 AMY WAY  
CITY-ST-ZIP MIMS FL 32754

TITLE ST ☐ DELETE  
NAME WITHERS, SANDRA H  
STREET ADDRESS 2924 FLORA STREET  
CITY-ST-ZIP TITUSVILLE FL 32798

TITLE VP ☐ DELETE  
NAME HORNE, RUBY R  
STREET ADDRESS 2331 ROCKLEDGE DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition  
1.2 NAME TIMOTHY R. DENNARD, JR.  
1.3 STREET ADDRESS 5200 AMY WAY  
1.4 CITY-ST-ZIP MIMS, FL 32754

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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.

SIGNATURE

*Timothy R. Dennard Jr.*  
Signature, typed or printed name of registered agent and title, if applicable

4/23/97 407 268-02215

CR2E034 (9/96)