

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # P93000066481 (1)

1. Corporation Name

SOUTH ALABAMA LAND COMPANY

Principal Place of Business

P.O. BOX 1266
MARCO ISLAND FL 33969

Mailing Address

P.O. BOX 1266
MARCO ISLAND FL 33969

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1993

4. FEI Number

65-0442536

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1266

26 P.O. Box 1266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Marco Island, FL

28 Marco Island, FL

Zip

Country

Zip

Country

24 34146

25 USA

29 34146

30 USA

9. Name and Address of Current Registered Agent

KELLY, CHARLES M JR
KELLY, PRICE, SIKET & HEUERMAN
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 33941-8117

10. Name and Address of New Registered Agent

81 Name

Kelly, Charles M. JR

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

Kelly, Price, Passidomo & Siket

83

2640 Golden Gate Parkway, Suite 315

84 City

Marco Island

FL

85 Zip Code

34105

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MEYER, JEROME F
STREET ADDRESS P.O. BOX 1266 N/A
CITY-ST-ZIP MARCO ISLAND FL 33969

TITLE ☐ DELETE

NAME MEYER, NATALIE P
STREET ADDRESS P.O. BOX 1266 N/A
CITY-ST-ZIP MARCO ISLAND FL 33969

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME Meyer, Jerome F

1.3 STREET ADDRESS P.O. Box 1266 N/A

1.4 CITY-ST-ZIP Marco Island, FL 34146

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Meyer, Natalie P.

2.3 STREET ADDRESS P.O. Box 1266 N/A

2.4 CITY-ST-ZIP Marco Island, FL 34146

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 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:

1/13/98 (941) 394-6605

CR2E034 (10/97)