

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

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000067931 (4)**

1. Corporation Name  
**JEWELL LAND COMPANY**

Principal Place of Business  
**5815 N. DALE MABRY HIGHWAY  
TAMPA FL 33614**

Mailing Address  
**5815 N. DALE MABRY HIGHWAY  
TAMPA FL 33614-5605**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1993</b>	3a. Date of Last Report <b>08/08/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3205816</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>VOGT, JOHN C JR</b> <b>442 E. KENNEDY</b> <b>SUITE 350</b> <b>TAMPA FL 33606</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>442 N. Kennedy Blvd.</b>
		83	
		84 City	<b>FL</b>
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILCOYNE, CHERYL CURRIE</b>	1.2 NAME	
STREET ADDRESS	<b>5815 N DALE MABRY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILCOYNE, DAVID F</b>	2.2 NAME	
STREET ADDRESS	<b>2505 S DUNDEE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33629</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CURRIE, CHARLENE M</b>	3.2 NAME	
STREET ADDRESS	<b>5709 TAFTON PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BETHESDA MD</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JEAN CURRIE</b>	4.2 NAME	
STREET ADDRESS	<b>1211 PLANTATION DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SIMPSONVILLE SC 29681</b>	4.4 CITY-ST-ZIP	
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 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: *Cheyl Currie Kilcoyne* 4-29-97 813-812-5555  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)