## 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

## DOCUMENT # P94000011912

STOCK LAND COMPANY, INC.

Principal Place of Business Ivialing Address						
4501 N TAMIAM	I TRAIL N	4501 N TAMIAMI TRAIL N				
SUITE 300		SUITE 300				DO NOT WEST IN THE PRACE
NAPLES FL 33940		NAPLES FL 33940			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed
						02/14/1994
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21]		26				65-0416556 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired
22	-	27			<u> </u>	
City & State	•	City & State				6. Election Campaign Financing \$5.00 May Be
23			28		<del>.</del>	Trust Fund Contribution Added to Fees
		Zip				8. This corporation owes the current year Intangible
24	25	29 30	D			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent	8	-	Name	10. Name and Address of New Registered Agent
CALL	A.W. TOP: 150 1				Name	
SALVATORI, LEO J			82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)
	TAMIAMI TRAIL N					
	E 300		8:	3		
NAPI	LES FL <b>3394</b> 0-3060		84	4	City	■■ 85 Zip Code
					•	FL
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)  OATE						
12.		ID DIRECTORS	13.	ant a	agriatare required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE		T	☐ Change ☐ Addition
	STOCK, K. C.		1.2 NAME			
NAME	3110 MARKET ST.				DDRESS	
STREET ADDRESS	The first term of the property of the first term of the first ter				1	
CITY-ST-ZIP	GREEN BAY WI 54304	☐ DELETE	1.4 CITY-S 2.1 TITLE		ZIP	☐ Change ☐ Addition
TITLE	••					
NAME	O'OOT, GEOTGIA		2.2 NAME			
STREET ADDRESS	3110 MARKET ST.		2.3 STREET ADDRESS		t	
CITY-ST-ZIP			2.4 CITY	_	·ZIP	☐ Change ☐ Addition
TITLE	\$	☐ DELETE	3.1 TITLE			
NAME	3.00.4, 0.2.2		3.2 NAME			
STREET ADORESS			3.3 STRE	ETA	DDRESS	
CITY-ST-ZIP	GREEN BAY WI 54304		3.4. CITY-S		ZIP	
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition (
NAME	STOCK, BRIAN		4, 2 NAME			
STREET ADDRESS	3110 MARKET ST.		4.3 STRE	ETA	ODRESS	
CITY-ST-ZIP	GREEN BAY WI 54304 4.4		4.4 CITY-	ST-	ZIP	
TITLE	r)	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME	E		
STREET ADDRESS			5.3 STRE	ETA	ADDRESS	
CITY-ST-ZIP	5		5 4 CITY-	4 CITY-ST-ZIP		
TITLE		☐ DELETE 61 TO		=		☐ Change ☐ Addition
			_			

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 alachment with an address. With all other light empowered.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90110 036 \*\*\*150.00

920-834-22N