FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P940000 51859 **DOCUMENT #** AAA Land Research, Inc. Mailing Address Principal Place of Business 3099 beltona Blud Spring Hill. Fla 34600 3. Date Incorporated or Qualified 3a. Date of Last Report 1-960 7=94 1-11-94 Applied For 2. Principal Place of Business 3099 Deltona Blud 3099 Deltona Blud 59-326286 Not Applicable \$8.75 Additional Suite, Apt. #, etc. n/a 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State Spring Hill Trust Fund Contribution Added to Fees 23 Sprina 8. This corporation has liability for intangible tax under s. 199.032, Country Zp Zp 25 Hernardo 29 34406
9. Name and Address of Current Registered Agent 30 Hernando ☐ Yes ☐ No Florida Statutes 10. Name and Address of New Registered Agent Geraldine L. Reed Name Street Address (P.O. Box Number is Not Acceptable) 3099 Deltona Blud Spring Hill FL 34606 83 Zip Code 84 City 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 affice or registered affant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, all directors the obligations of, Sey on 647.0505, Florida Statutes.

SIGNATURE

State Notice of the State of the Stat ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE 1 1 1 IILE President TITLE Geraldine L. Reed 3099 Deltona Blud 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 Cify - ST-ZIF Spring Hill Urce Dresident CITY-ST-ZIP ☐ Change Addition DELETE 2.1 TITLE TITLE Robert W. Reed 3099 Deltona Blud 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Spring Hill FL 24 CITY - ST. ZIP 34604 CITY - ST - ZIP Change Addition DELETE 3 1 710 F TITLE 3.2 NAM8 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST-7/P CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 000001786430 -04/19/96--01005--039 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS \*\*\*200.00 4.4.0-TY-ST-74P CITY - ST - ZIP ☐ Change ☐ Addition DELETE 5 1 TITLE TIRE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6 1 TiTLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SUNALDER A TOLLA SUNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-11-96 352-688-6-151

R2E034 (12/95)