FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000066565 (0)**

1. Corporation Name

TIDES LAND DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
250 INTERNATIONAL PARKWAY SUITE 220 HEATHROW FL 32746	250 INTERNATIONAL PARKWAY SUITE 220 HEATHROW FL 32746

3. Date Incorporated or Qualified: **09/09/1994**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: ~~APPLIED FOR~~ **59-3268533** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

OGIER, GERALD D
250 INTERNATIONAL PARKWAY
SUITE 220
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	OGIER, GERALD D	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 220	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	☐ DELETE
NAME	MCCLINTOCK, JOHN H	
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 220	
CITY-ST-ZIP	HEATHROW FL 32746	
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		
11 TITLE	D/P	☒ Change ☐ Addition
12 NAME	Ogier, Gerald D.	
13 STREET ADDRESS	250 International Pkwy, Ste 220	
14 CITY-ST-ZIP	Heathrow, FL 32746	
21 TITLE	D/VP	☒ Change ☐ Addition
22 NAME	McClintock, John H.	
23 STREET ADDRESS	250 International Pkwy, Ste. 220	
24 CITY-ST-ZIP	Heathrow, FL 32746	
31 TITLE	VP/T/S	☐ Change ☒ Addition
32 NAME	Schaffer, John A.	
33 STREET ADDRESS	249 Shady Oaks Circle	
34 CITY-ST-ZIP	Lake Mary, FL 32746	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate and that this report is delivered for the purpose stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added or deleted with an address.

SIGNATURE: John Schaffer (John Schaffer) 4/4/96 (407)333-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER