

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA D. MONTGOMERY
Secretary of State

**APPROVED
AND
FILED**

1995-1 MAY 16

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P94000081650 (1)

CATHAY LAND, INC.

Do not write in this space

2. Filing Office: 11/01/1994		3a. Date of Last Report	
21. State Apt. # etc.		4. FF Number: 59-3282337	
22. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCCLANE, J B 712 BRYN MAWR STREET ORLANDO FL 32804		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3)(b) Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 provisions of Section 607.01(3)(b) Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	D MCCLANE, J B	NAME	☐ Change ☐ Addition
STREET ADDRESS	712 BRYN MAWR STREET	STREET ADDRESS	☐ Change ☐ Addition
CITY	ORLANDO FL 32804	CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
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CITY		CITY	☐ Change ☐ Addition
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CITY		CITY	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied as to this filing is voluntarily furnished and does not qualify for the exemption stated in Subsection 199.032(1)(b) Florida Statutes. I further certify that the information indicated in the annual report or supplemental annual report is true and accurate and that the signature shall have the same legal effect as if it were made by the person or persons named in the corporation or the corporation's board of directors. I am familiar with and accept the provisions of Chapter 199, Florida Statutes, and that my name appears on the filing as the person or persons authorized to make the filing with an addition.

SIGNATURE:

J B McCLane
J B McCLane
OFFICER OR DIRECTOR

4/30/95

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