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

SIGNATURE

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 495 0000 60 60 82 NORTH FLORIDA LAND HOLDINGS, INC. 495 BLANDING BLVD ORANGE PARK, FLORIDA 32073 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business PAS BLANDING 28. Majling Address
26 495 BLANDING BLVD Applied For 26 Not Applicable Suita, Apt. #, etc. \$8.75 Additional 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be DEANGE PARK, FURIDA CRANGE 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes No 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STEDHEN ECKHAROT Street Address (P.O. Box Number is No. 495 BLANDING 82 83 08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office ge was authorised by the corporation's board of directors. I hereby accept the appointment as registered agent. I am 11. Puradant to the provisions registered agent, or both, in the State of Florida. familiar with, and accept the ob-C. 52496 TE. Registered Agont signature required when reinstational 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1. 1 TITLE Change Addition PREGIDENT NAME STEDHEN J. ECKHARUT 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 495 BLANDING BLUD. CITY-ST-ZIP ORANGE PARK, FL 32073 14 CITY-ST-ZIP THILE M DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZVP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 Title ☐ Addition Change NAME 5 2 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY - ST - ZIP 54 CITY-ST-ZIP TITLE ☐ DELETE 6 1 TITLE 500001845525^{hange} ☐ Addition -05/31/96--01021--006 ***233.75 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 14. I do 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 of 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 office or director of the conformation of the repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 it changed, or on an attachment will an address.

MING OFFICER OR DIRECTOR

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