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 # **P95000015338 (3)**

1. Corporation Name

COYOTE LAND CO., INC.

Principal Place of Business	Mailing Address
421 NORTH PALAFOX ST. PENSACOLA FL 32501	421 NORTH PALAFOX ST. PENSACOLA FL 32501

2. Principal Place of Business	2a. Mailing Address
21 2377 Hwy. 20 W	26 421 N. Palafox St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Freeport, FL	28 City & State: Pensacola, FL
24 Zip: 32439 / 25 Country: USA	29 Zip: 32501 / 30 Country: USA

3. Date Incorporated or Qualified: 02/23/1995
3a. Date of Last Report:
4. FEI Number: 59-3300519 ☐ 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

9. Name and Address of Current Registered Agent

HALFORD, DOUGLAS C
C/O THE HALFORD COMPANY
421 NORTH PALAFOX
PENSACOLA FL 32501

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 607.1508, 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 is required when name is changed) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	HALFORD, DOUGLAS C	
STREET ADDRESS	421 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	S	☐ DELETE
NAME	JOHNSON, BOLLEY L	
STREET ADDRESS	421 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	☐ DELETE
NAME	SCHWEIZER, TODD	
STREET ADDRESS	421 N. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
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	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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.

SIGNATURE: Douglas C Halford 4/8/96 (904) 433-0577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Douglas Halford