

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000060776 (8)**

1. Corporation Name
SEMINOLE LAND AND TRUST INC., N.A.



Principal Place of Business: P.O. BOX 15526 TALLAHASSEE FL 32317-5526
Mailing Address: P.O. BOX 15526 TALLAHASSEE FL 32317-5526

3. Date Incorporated or Qualified: **08/07/1995**
3a. Date of Last Report: _____
4. FEI Number: **59-3363304**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HARDY, WILLIAM
901 NORTH GADSDEN STREET
TALLAHASSEE FL 32303**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President/CEO	<input type="checkbox"/> DELETE
NAME	WILLIAM HARDY	
STREET ADDRESS	901 N. Gadsden ST.	
CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	V-President	<input checked="" type="checkbox"/> DELETE
NAME	Early Dugger	
STREET ADDRESS	4141 Apalachee Pkwy	
CITY-ST-ZIP	Tallahassee FL 32301	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Bob Ryals	
STREET ADDRESS	1102 E. Tennessee ST.	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	_____	<input type="checkbox"/> DELETE
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	_____	<input type="checkbox"/> DELETE
NAME	_____	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	_____	
13 STREET ADDRESS	_____	
14 CITY-ST-ZIP	_____	
21 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	_____	
23 STREET ADDRESS	_____	
24 CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	_____	
33 STREET ADDRESS	_____	
34 CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	_____	
43 STREET ADDRESS	_____	
44 CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	_____	
53 STREET ADDRESS	_____	
54 CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	_____	
63 STREET ADDRESS	_____	
64 CITY-ST-ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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***200.00

PM 5-1-96

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 in an attachment with an address.

SIGNATURE: **William Hardy** President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 668-3939
Date Printed

CR2E034 (12/95)