


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
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97 MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	
2. Principal Place of Business 21 P.O. Box 1979 Suite, Apt. #, etc. 22 City & State 23 Quincy Zip 24 32353		2a. Mailing Address 26 P.O. Box 1979 Suite, Apt. #, etc. 27 City & State 28 Quincy Zip 29 32353 Country 30 USA	
3. Date Incorporated or Qualified 08/07/1995		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-3363304		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, WILLIAM	1.2 NAME	600002167606-3
STREET ADDRESS	901 N. GADSDEN ST.	1.3 STREET ADDRESS	-05/06/97--01075--021
CITY- ST- ZIP	TALLAHASSEE FL 32303	1.4 CITY- ST- ZIP	****165.00 ****165.00
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGER, EARLY	2.2 NAME	
STREET ADDRESS	4141 APALACHEE PKWY	2.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32301	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYLES, BOB	3.2 NAME	
STREET ADDRESS	1102 E. TENNESSEE ST.	3.3 STREET ADDRESS	
CITY- ST- ZIP	TALLAHASSEE FL 32308	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	A. alpha
STREET ADDRESS		5.3 STREET ADDRESS	5/1/97
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Hardy		Date: 4/30/97 (904) 875-3030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (9/96)