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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000060776 (8)

SEMINOLE LAND AND TRUST INC., N.A.

FILED May 05 1998 8:00am Secretary of State



				170011601 110 10161 01111 00111 00111 00111	
Principal Place of Business Mailing Address					
P.O. BOX 1979 P.O. BOX 1979					
OUINCY FL	32353	OUINCY FL 32353		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				08/07/1995	
2. Principal F	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21		26		59-3363304	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1.00	5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	7	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	-
24	9. Name and Address of Current	29 30	<u> </u>	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
		r nagistated Agent	81 Name	(U. Maille and Address of New Register	en Agent
	ARDY, WILLIAM		J. Italia	William Hasdi	2
	DI NORTH GADSDEN STREET		82 Street	Aracarb () Roy Number is Not Accepteble)	-
. 17	ALLAHASSEE FL 32303		83	7 T	
			3375	Cap. CIr N E. SUIT	e 14
•			84 City	· · · · · · · · · · · · · · · · · · ·	RS Zin Co.1.
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 requisitered					
11. Pursuant to the provisions of Sections 607.050? 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 disprincative (NOTE Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PCEO	DELETÉ	1.1 TIPLE		☐ Change ☐ Addition
NAME	HARDY, WILLIAM	_	1.2 NAME		
STREET ADDRESS	901 N. GADSDEN ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP		ļ
TITLE	VP	DELETE	2.1 TITLE		Change 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	\$	☐ DELETE	3.1 TITLE		Change 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		☐ DELET E	4.1 THLE		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		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1	!	5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CitY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	(6.3 STREET ADDRESS		
CITY-ST-ZIP	<u>.</u>		6.4 CITY-ST-ZIP		
44 16					

Thereby 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 empeyvered 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.