

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90114 043 ***150.00

DOCUMENT # P95000060776

1. Corporation Name

SEMINOLE LAND AND TRUST INC., N.A.

Principal Place of Business

P.O. BOX 1979
QUINCY FL 32353

Mailing Address

P.O. BOX 1979
QUINCY FL 32353

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1995

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 3375 Capital Cir NE #5

Suite, Apt. #, etc.

22 H-5

City & State

23 Tallahassee

Zip

24 32308

Country

25 USA

2a. Mailing Address

26 P O Box 3752

Suite, Apt. #, etc.

27

City & State

28 Tallahassee

Zip

29 32317

Country

30 USA

9. Name and Address of Current Registered Agent

HARDY, WILLIAM
3375 CAP CIRCLE NE, SUITE H
TALLAHASSEE FL 32308

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME HARDY, WILLIAM
STREET ADDRESS 901 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE VP ☒ DELETE

NAME DUGGER, EARLY
STREET ADDRESS 4141 APALACHEE PKWY
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE S ☒ DELETE

NAME RYLES, BOB
STREET ADDRESS 1102 E. TENNESSEE ST.
CITY-ST-ZIP TALLAHASSEE FL 32308

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

14. I 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, with all other like empowered.

SIGNATURE:

W. Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

850/556-7845

Daytime Phone #

CR2E034 (11/98)

0056287