

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077067 (3)

1. Corporation Name

PRINCE LAND SERVICES, INC.



Principal Place of Business

125 E GRAHAM PARK DR
HAINES CITY FL 33844-5807

Mailing Address

125 E GRAHAM PARK DR
HAINES CITY FL 33844-5807

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/02/1995

3a. Date of Last Report

4. FEI Number

☒ 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

10. Name and Address of New Registered Agent

81

Name

Kathy Prince

82

Street Address (P.O. Box Number is Not Acceptable)

83

125 E Graham Park Dr

84

Haines city FL

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 is authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502 and 607.0508, Florida Statutes.

SIGNATURE

[Signature]

Date of Registration Application (Required when changing)

March 18, 96

12. OFFICERS AND DIRECTORS

TITLE	PRINCE, BRUCE	☐ DELETE
NAME	125 E GRAHAM PARK DR	
STREET ADDRESS	HAINES CITY FL 33844-5807	
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	DST	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	DP	☐ Change ☒ Addition
6. NAME	Kathy Prince	
7. STREET ADDRESS	125 Eo Graham Park Dr	
8. CITY-STATE-ZIP	Haines, City, FL 33844-5807	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

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 attached sheet with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 18, 96

SG 3-26-96

CR2E034 (12/95)