

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

DOCUMENT # **P95000079568**

1. Corporation Name
1330 CONNECTICUT AVENUE LAND INC.

Principal Place of Business

**1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US**

Mailing Address

**1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

• **TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308**

81. Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1995

4. FEI Number

36-4057658

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAS	[] DELETE
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-STATE-ZIP	TALLAHASSEE FL 32308	
TITLE	VAS	[] DELETE
NAME	BURDI, THOMAS S.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	S	[X] DELETE
NAME	NOELL, JOHN W.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	VTAS	[] DELETE
NAME	SMITH, ROGER E.	
STREET ADDRESS	180 E LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	
TITLE	P	[] DELETE
NAME	EDELMAN, HOWARD	
STREET ADDRESS	180 N LASALLE STREET	
CITY-STATE-ZIP	CHICAGO IL	

13.

11 TITLE	VS	[] Change [X] Addition
12 NAME	Thomas McCarthy	
13 STREET ADDRESS	180 N. LaSalle Street	
14 CITY-STATE-ZIP	Chicago, IL 60601	
21 TITLE	VAS	[] Change [X] Addition
22 NAME	Luanne K. Good	
23 STREET ADDRESS	1801 Hermitage Blvd, #600	
24 CITY-STATE-ZIP	Tallahassee, FL 32308	
31 TITLE		[] Change [] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		[] Change [] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 as an attachment with an address, with all other like empowered

SIGNATURE: **Douglas W. Bennett, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

850-488-4406
Telephone Number

0052497

CR2E034 (11/98)