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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000003872 (4)

1. Corporation Name

AMERICAN LAND AND TIMBER CORPORATION

Principal Place of Business

519 N.W. 60TH STREET  
SUITE C  
GAINESVILLE FL 32607

Mailing Address

519 N.W. 60TH STREET  
SUITE C  
GAINESVILLE FL 32607-2054

3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

4. FEI Number

59-3350513

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CAMPEN, BEN H  
519 N.W. 60TH STREET  
SUITE C  
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name

BEN CAMPEN

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

519 N.W. 60TH ST.

83

SUITE C

84 City

GAINESVILLE

FL

85 Zip Code

32607

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 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 next to registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CAMPEN, BEN H  
STREET ADDRESS 519 N.W. 60TH STREET, SUITE C  
CITY- ST- ZIP GAINESVILLE FL 32607

TITLE D  
NAME LAMP, JOHN J  
STREET ADDRESS 519 N.W. 60TH STREET, SUITE C  
CITY- ST- ZIP GAINESVILLE FL 32607

TITLE D  
NAME CAMPEN, BEN  
STREET ADDRESS 519 N.W. 60TH ST. SUITE C  
CITY- ST- ZIP GAINESVILLE, FL. 32607

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

Date

352-331-2999

Daytime Phone: #

0069800

CR2E034 (9/96)