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

**PROFIT** CORPORATION ANNUAL REPORT

1998

The Parket of

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P96000011571 (2)

SOUTHERN LAND REFERRAL COMPANY

Principal Place of Business Mailing Address P.O. BOX 1680 LABELLE FL 33935 LABELLE FL 33975 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 02/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For APPLIED FOR -0749657 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DENNING, ROGER D 663 SR 80 A Street Address (P.O. Box Number is Not Acceptable) LABELLE FL 33935 663 Cowboy Way 84 City Zip Code 33935 LaBelle 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ☐ DELETE Change \_\_\_ Addition TITLE 1.1 TITLE DENNING, ROGER D CR2E034 NAME 1.2 NAME 663 SR 80A 1.3 STREET ADDRESS 663 Cowboy Way STREET ADDRESS LABELLE FL CITY-ST-ZIP 1.4 CITY - ST - ZIP LaBelle, FL DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY+ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE

14. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address.

941-675-7412

SIGNATURE:

Roger D. Denning

4/4/98

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**FILED** 

Apr 13 1998 8:00am

Secretary of State

Change

Addition