

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000018955 (0)**

1. Corporation Name

OLDSMAR LAND INVESTMENTS, INC.



Principal Place of Business 10815 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624	Mailing Address 10815 U.S. HIGHWAY 19 NORTH CLEARWATER FL 34624
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 GULF BLVD Suite, Apt. #, etc. 22 UNIT #215 City & State 23 CLEARWATER, FL Zip 24 33767 25 USA		2a. Mailing Address 26 1600 GULF BLVD Suite, Apt. #, etc. 27 UNIT #215 City & State 28 CLEARWATER, FL Zip 29 33767 30 USA		3. Date Incorporated or Qualified 02/27/1996	4. FEI Number 59-3364162 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BUTLER, ROBERT H
10815 U.S. HIGHWAY 19 NORTH
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name BUTLER, ROBERT H	82 Street Address (P.O. Box Number is Not Acceptable) 1600 GULF BLVD	83 UNIT #215	84 City CLEARWATER	85 Zip Code FL 33767
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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 

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTLER, ROBERT H		1.2 NAME BUTLER, ROBERT H	
STREET ADDRESS 10815 U.S. HIGHWAY 19 NORTH		1.3 STREET ADDRESS 1600 GULF BLVD UNIT #215	
CITY-ST-ZIP CLEARWATER FL 34624		1.4 CITY-ST-ZIP CLEARWATER, FL 33767	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)