

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000034829 (7)

1. Corporation Name

CONFEDERATE LANDING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
13525 ALLYN DR HUDSON FL 34667 US		13525 ALLYN DR HUDSON FL 34667 US	
2. Principal Place of Business		2a. Mailing Address	
21 243 Kirkland Rd New Smyrna Beach Fla		26 New Smyrna P.O. Box 2071 Beach Suite, Apt. #, etc. 32170	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified	
04/19/1996	
4. FEI Number	Applied For
39-3376324	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
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		10. Name and Address of New Registered Agent	
ANTHONY, JOHN 13525 ALLYN DR HUDSON FL 34667		81 Name Owen B. Lovejoy	
Change to ↓ Owen B. Lovejoy D.D.S. P.O. Box 2071 New Smyrna, FL 32170-2071		82 Street Address (P.O. Box Number is Not Acceptable) 243 KIRKLAND ROAD	
		83	
		84 City NEW SMYRNA BEACH FL	
		85 Zip Code 32169	

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 Owen B. Lovejoy, President 10 Feb 98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFITT, VICKI	1.2 NAME	
STREET ADDRESS	13523 ALLYN DRIVE	1.3 STREET ADDRESS	Owen B. Lovejoy D.D.S. P.O. Box 2071 New Smyrna, FL 32170-2071
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVEJOY, OWEN B	2.2 NAME	
STREET ADDRESS	4040 COMMERCIAL WAY	2.3 STREET ADDRESS	P.O. Box 2071 New Smyrna Beach Fl 32170
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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.

SIGNATURE:

Owen B. Lovejoy

10 Feb 98

904 427 7531
904 427 7549

CR2E034 (10/97)