

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

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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000039040 (6)

1. Corporation Name  
ROYAL LAND COMPANY

Principal Place of Business Mailing Address  
~~50 N. LAURA STREET, SUITE 2800~~ ~~50 N. LAURA STREET, SUITE 2800~~  
~~JACKSONVILLE FL 32202~~ ~~JACKSONVILLE FL 32202-9650~~



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1996	3a. Date of Last Report
21. UNITED WATER FLORIDA INC	26. UNITED WATER FLORIDA INC	4. FEL Number 59-1053258	Applied For Not Applicable		
22. 1400 MILLCOE ROAD	27. 1400 MILLCOE ROAD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23. JACKSONVILLE, FL	28. JACKSONVILLE, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24. 32225	25. USA	29. 32225	30. USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>HANSON, KARL B JR.</del> <del>50 N. LAURA STREET, SUITE 2800</del> <del>JACKSONVILLE FL 32202</del>		81. Name CT CORPORATION SYSTEM	
		82. Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
		83.	
		84. City PLANTATION	
		85. Zip Code 33324	

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: *Victoria Goldstein* Special Asst. Secretary 3-19-97  
State or typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	11. TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HANSON, KARL B JR.		12. NAME TURNER, JOHN J.	
STREET ADDRESS 50 N. LAURA STREET, SUITE 2800		13. STREET ADDRESS 200 OLD HOOK ROAD	
CITY-ST-ZIP JACKSONVILLE FL 32202		14. CITY-ST-ZIP HARRINGTON PARK, NJ 07640	
TITLE <input type="checkbox"/> DELETE		21. TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22. NAME HENSCH, RICHARD A.	
STREET ADDRESS		23. STREET ADDRESS 200 OLD HOOK ROAD.	
CITY-ST-ZIP		24. CITY-ST-ZIP HARRINGTON, NJ, 07611-7640	
TITLE <input type="checkbox"/> DELETE		31. TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME SHAKLEY, ALLAN D.	
STREET ADDRESS		33. STREET ADDRESS 200 OLD HOOK ROAD	
CITY-ST-ZIP		34. CITY-ST-ZIP HARRINGTON PARK, NJ 07640	
TITLE <input type="checkbox"/> DELETE		41. TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME CHARDEVYNE, DAVID E.	
STREET ADDRESS		43. STREET ADDRESS 200 OLD HOOK ROAD	
CITY-ST-ZIP		44. CITY-ST-ZIP HARRINGTON PARK, NJ 07640	
TITLE <input type="checkbox"/> DELETE		51. TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME MUNIPALLI, SAMBAMURTHI	
STREET ADDRESS		53. STREET ADDRESS 1400 MILLCOE ROAD, P.O. BOX 8004	
CITY-ST-ZIP		54. CITY-ST-ZIP JACKSONVILLE, FL 32225	
TITLE <input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. 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: *Allan D. Shakley* ALLAN D. SHAKLEY 1/31/97  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)