

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 013 ***300.00

DOCUMENT # P96000065582

1. Corporation Name

PUBLIC LAND CONSULTANTS, INC.



Principal Place of Business

97670 OVERSEAS HIGHWAY
FIRST STATE BANK BLDG. 2ND FLOOR
KEY LARGO FL 33037

Mailing Address

97670 OVERSEAS HIGHWAY
FIRST STATE BANK BLDG. 2ND FLOOR
KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0689213

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 88101 Overseas Highway

22 Islamorada, FL

23 33036

24 Zip Country

2a. Mailing Address

27 Same

28 Mailing

29 Zip Country

30

9. Name and Address of Current Registered Agent

TOBIN, ANDREW M
97670 OVERSEAS HIGHWAY
FIRST STATE BANK BLDG. 2ND FLOOR
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name ANDREW M. TOBIN

82 Street Address (P.O. Box Number is Not Acceptable)
88101 OVERSEAS HIGHWAY

83

84 City ISLAMORADA FL 85 Zip Code 33036

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 607.0503, Florida Statutes.

SIGNATURE

ANDREW M. TOBIN

Andrew Tobin

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TOBIN, ANDREW
STREET ADDRESS 9670 OVERSEAS HWY
CITY-ST-ZIP KEY LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/198)