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Jan 29 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 # P96000067196 (1)

1. Corporation Name

ATLANTIC LAND CONSULTANTS, INC.

Principal Place of Business

1955 S WOODLAND BLVD
DELAND FL 32720
US

Mailing Address

901 WEST BASE STREET
MADISON FL 32340

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

2. Principal Place of Business

2a. Mailing Address

21

26

1955 S. Woodland Blvd

4. FEI Number

59-3397272

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

22

27

DELAND FL

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

Zip

Country

Zip

Country

24

25

29

32720

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNITKER, CLAY A
P.O. DRAWER 652
MADISON FL 32341

81 Name

Jeffrey FORBES

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

1955 S. Woodland Blvd

83

84 City

DELAND

FL

85

Zip Code

32720

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

Jeffrey FORBES - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 19, 1998

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FORBES, JEFFREY
STREET ADDRESS 841 W VOORHIS AVE
CITY-ST-ZIP DELAND FL

TITLE TSD ☒ DELETE

NAME MACALPINE, WILLIAM A
STREET ADDRESS 500 MARKET ST STE 15
CITY-ST-ZIP PORTSMOUTH NH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

William A. MacAlpine (William A. MacAlpine) 1/19/98

603-964-7444

CR2E034 (10/97)