

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 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90091 041 \*\*\*150.00

DOCUMENT # P96000067196

1. Corporation Name

ATLANTIC LAND CONSULTANTS, INC.

Principal Place of Business

1955 S WOODLAND BLVD  
DELAND FL 32720  
US

Mailing Address

1955 S WOODLAND BLVD  
DELAND FL 32720  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

4. FEI Number

59-3397272

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.

Paid  
☐ Yes ☒ No

2. Principal Place of Business

43 Barber Road

Suite, Apt. #, etc.

City & State  
Sarasota, FL

Zip Country  
34240 25 USA

2a. Mailing Address

43 Barber Road

Suite, Apt. #, etc.

City & State  
Sarasota, FL

Zip Country  
34240 30 USA

9. Name and Address of Current Registered Agent

FORBES, JEFFERY  
1955 S WOODLAND BLVD  
DELAND FL 32750

10. Name and Address of New Registered Agent

81 Name Forbes, Jeffery

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

1943 Barber Road

83

84 City Sarasota

FL 85 Zip Code 34240

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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

TITLE T ☒ DELETE

NAME MACALPINE, WILLIAM A  
STREET ADDRESS 21 DEER MEADOW RD  
CITY-ST-ZIP DURHAM NH 03824

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Forbes, Jeffery  
1.3 STREET ADDRESS 1943 Barber Road  
1.4 CITY-ST-ZIP Sarasota, FL 34240

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME MacAlpine, William A.  
2.3 STREET ADDRESS 21 Deer Meadow Road  
2.4 CITY-ST-ZIP Durham, NH 03824

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Forbes, Christopher  
3.3 STREET ADDRESS 1943 Barber Road  
3.4 CITY-ST-ZIP Sarasota, FL 34240

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ 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, with all other like empowered.

SIGNATURE: *William A. MacAlpine* *William A. MacAlpine*

2/25/99

603-433-6655

CR2E034 (11/98)