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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000081915 (6)

## **SOUTHERN LAND COMPANY**

| Principal Place of Business Mailing Address  20 N. ORANGE AVE. SUITE 1000 ORLANDO FL 32801  Mailing Address 20 N. ORANGE AVE. SUITE 1000 ORLANDO FL 32801  ORLANDO FL 32801-4828 |  |                                       |                        |               | 3. Date Incorporated or Qualified                   | 3a. Date of Last F      | Report                      |
|--|--|---------------------------------------|------------------------|---------------|---|-------------------------|-----------------------------|
|  |  |                                       |                        | <u></u>       | 10/03/1996  |                         |                             |
| 2. Principal P   | lace of Business   | 2a. Mailing Address                   |                        |               | 4. FEI Number 59-3406712                            | <u> </u>                | pplied For<br>ot Applicable |
| Suite, Apt.  | #, elc   | Suite, Apt. #, etc.                   |                        | <del></del>   |   | \$8.75                  | Additional equired          |
| Cily & Stat  |  | City & State                          |                        |               | 6. Election Campaign Financing                      |                         | May Be                      |
| 23   | .,   | 28                                    |                        |               |   |                         | to Fees                     |
| Zip<br>  | Country  | Zip                                   | Country                | 1             | 8. This corporation has liability for interest.     |                         | 3. 199.032,                 |
| 24   | 25  <br>9. Name and Address of Curre   |                                       | 30                     |               | Florida Statutes  10. Name and Address of New Regis | Yes X No                |                             |
| OD#  |  | one regional Agone                    | 81                     | Name          | 10, 144,10 4,10 4,04,040 4, 1104, 1109,             | north right             |                             |
|  | IDSTAFF, MICHAEL J<br>I. ORANGE AVE.   |                                       | 00                     | Chr. a. A ala | CO C Day Niverbasia Not Assessable                  |                         |                             |
| SUITE 1000   |  |                                       | 82                     | Sireet Add    | fress (P.O. Box Number is Not Acceptable            | ,                       |                             |
|  | ANDO FL 32801  |                                       | 83                     |               |   |                         |                             |
| - · · · -  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                       | 84                     | City          |   | 85 Zip                  | Code                        |
|  |  |                                       |                        |               | poration submits this statement for the pur         | FL                      |                             |
| SIGNATURE  | im familiar with, and accept the oblining accept the oblining of registered and of registered acceptance of registered acceptance. | ·                                     |                        |               | uired when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE<br>BS AND DIRECTOR |                             |
| THE  | D  | DELETE                                | 1.1 TITLE              |               | 775777676777777777777777777777777777777             | Change                  | Addition                    |
| NAME   | GRINDSTAFF, MICHAEL J  | <b>—</b>                              | 1.2 NAME               |               |   |                         |                             |
| STREET ADDRESS   | 20 N. ORANGE AVE., SUITE   | 1000                                  | 1.3 STREE              | ADDRESS       |   |                         |                             |
| City - ST - ZiP  | ORLANDO FL 32801   |                                       | 1.4 CITY-              | ST-ZIP        |   |                         |                             |
| Titt   |  | DELETE                                | 2.1 TITLE              |               |   | ☐ Change                | Addition                    |
| NAM€   |  |                                       | 2.2 NAME               |               |   |                         |                             |
| STREET ADDRESS   |  |                                       |                        | T ADDRESS     |   |                         |                             |
| CHY-S1-70F   |  | DELETE                                | 2. 4 CITY-             | ST-ZIP        |   | Change                  | Addition                    |
| THE  |  | E-1 DECEIE                            | 3.1 TITLE<br>3.2 NAME  |               | •   | I ∪ change              | ☐ Vi00itium                 |
| NAME<br>STREET ADDRESS   |  |                                       |                        | T ADDRESS     |   |                         |                             |
| CHY-ST-7/P   |  |                                       | 34. City-              | - 1           |   |                         |                             |
| THIF   |  | DELETE                                | 4.1 TITLE              |               |   | ☐ Change                | Addition                    |
| NAME   |  |                                       | 4. 2 NAME              | 1             |   |                         |                             |
| STREET ADDRESS   |  |                                       | 4.3 STREE              | T ADDRESS     |   |                         |                             |
| City-S1-ZiP  |  |                                       | 4.4 CITY~              | ST - ZIP      |   | ·····                   |                             |
| THILE  |  | ☐ DELETE                              | 5.1 TITLE              |               |   | Change                  | Addition                    |
| NAME   |  |                                       | 5.2 NAME               | 1             |   |                         |                             |
| STREET ADDRESS   |  |                                       |                        | T ADDRESS     |   |                         |                             |
| City-St 7/P  |  | DELETE                                | 5 4 CITY-<br>6 1 TITLE | ST-ZIP        |   | Change                  | Addition                    |
| III.F  |  | L_I DESCRIC                           | 6.2 NAME               |               |   | El pharige              | ACUITON                     |
| NAME<br>STREET ADDRESS   |  |                                       |                        | T ADORESS     |   |                         |                             |
| City-St-20P  |  |                                       | 6.4 CITY -             |               |   |                         |                             |
| 14. Ldo here   | L<br>by certify that the information suppl   | ied with this filing does not qualify | for the ex             | emption state | ed in Section 119.07(3)(i), Florida Statutes.       | I further certify that  | l the                       |
| informatio   | or indicated on this annual report o   | supplemental annual report is tru     | ue and acc             | urate and tha | at my signature shall have the same legal of        | effect as if made un    | nder oath, tha              |

Michael J. Grind
Pres./Director
SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

Date

407-849-4927

Daylime Phone #