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

PROFIT						
CORPORATION						
ANNUAL REPORT						
1999						



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

DOCUMENT # P9600090173 1. Corporation Name

F & E LAND COMPANY

Principal Place of Business 3520 THOMASVILLE ROAD

Mailing Address

3520 THOMASVILLE ROAD

FILED 99 JAN 13 PM 2: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA



TALLAHASSEE FL 32308	FOURTH FLOOR TALLAHASSEE FL 32308			DO NOT WRITE IN THIS SPACE			
				3.	Date Incorporated or Qualifed		
					11/04/1996		
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number	Applied For	
21	26	-			59-3415805	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	-		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zîp Country	<u>⊢</u>	untry	· · · · · · · · · · · · · · · · · · ·	8.	This corporation owes the current year		
24 25 25	29 30				Personal Property Tax.	Yes No	
9. Name and Address of Current	Registered Agent			10.	Name and Address of New Register	red Agent	
SHAW, FRANK S III	5=	81	Name		·		
3520 THOMASVILLE ROAD		82	2 Street Address (P.O. Box Number is Not Acceptable)				
FOURTH FLOOR TALLAHASSEE FL 32308		83					
		84				S5 Zip Code	
 Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of 	and 607.1508, Florida Statutes, the a	above d by	-named corporation	ations	n submits this statement for the purpose pard of directors. I hereby accept the ap	e of changing its registered	

agent. Lam familiar with, and accent the obligations of Section 607 0505. Florida Statutes

OCNATURE -								
SIGNATURE Signature, typed or printed name of registered agent and fulle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	DVP DELETE	1.1 YITLE	☐ Change ☐ Addition					
NAME	SHAW, FRANK S III	1.2 NAME						
STREET ADDRESS	3520 THOMASVILLE ROAD FOURTH FLOOR	1.3 STREET ADDRESS	4000027477849 -01/20/9901061008					
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CiTY-ST-ZIP	-01/20/33***01001***000					
TITLE	DP DELETE	2.1 TITLE	****150.00 ****150.00					
NAME	LARSON, ERIC L	2.2 NAME						
STREET ADDRESS	910 HILLCREST AVE APT 6	2.3 STREET ADDRESS						
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP						
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	 					
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TILE .	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4, 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition					
NATHE		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CIT - ST-ZIP		5.4 CITY-ST-ZIP						
ΠεŒ	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS	. 0					
CITY-ST-ZIP		6.4 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 trusted 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.

850 222 4158