SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000092930 (1)

A TO Z LAND HOLDING COMPANY, INC.

## FILED Aug 12 1998 8:00am Secretary of State



|   |                        |  | ,                                       |                       |  |  |  |
|---|------------------------|--|---|-----------------------|--|--|--|
| Principal Place   | e of Business          | Malling Address                        |   |                       |  | 10110 (11010 1 <sub>0</sub> 1103 (1111 0911 100) |  |
| 3345 TRI-CITY A<br>COCOA FL 3280  |                        | 3345 TRI-CITY AVENUE<br>COCOA FL 32926 | ••••                                    |                       | DO NOT WRITE IN THIS   | S SPACE  |  |
|   |                        |  |   |                       | 3. Date Incorporated or Qualified                                |  |  |
|   |                        |  |   |                       | 10/29/1997   |  |  |
| 2. Principal P  | lace of Business       | 2a. Mailing Address                    |   | <del> </del>          | 4. FEI Number  | Applied For                                      |  |
| 21  |                        | 26                                     |   |                       | <b>39-3477536</b>  | Not Applicable                                   |  |
| Suite, Apt.   | #, etc.                | Suite, Apt. #, etc.                    | Suite, Apt. #, etc.                     |                       | 5. Certificate of Status Desired                                 | \$8.75 Additional                                |  |
| 22  |                        | 27                                     | 27                                      |                       | 5. Continuate of Glatos Desired                                  | Fee Required                                     |  |
| City & State  |                        | City & State                           | City & State                            |                       | 6. Election Campaign Financing                                   | \$5.00 May Be                                    |  |
| 23  |                        | 28                                     | + · · · · · · · · · · · · · · · · · · · |                       | Trust Fund Contribution  |  |  |
| Zip   | Country Zip Cou        |  | Coun                                    | try                   | 8. This corporation owes or has paid the current year Intangible |  |  |
| 24  | 25                     |  |   |                       | Personal Property Tax due June 30. Yes No                        |  |  |
| 9. Name and Address of Current Registered Agent   |                        |  |   |                       | 10. Name and Address of New Registered Agent                     |  |  |
| Schillinger, Charles A  |                        |  |   | Name                  |  |  |  |
| 3125 WEST NEW HAVEN AVENUE  |                        |  | Ī                                       | 32 Street Add         | Street Address (P.O. Box Number is Not Acceptable)               |  |  |
| SUITE 200   |                        |  | ļ.                                      |                       | <u> </u>   |  |  |
| W. M  | ielbourne fl 32904     |  | '                                       | 33                    | 4  |  |  |
|   |                        |  | i la                                    | 34 City               | P <sup>ab</sup> 8  | 85 Zip Code                                      |  |
|   |                        |  |   | <u></u>               | FL   | *  |  |
| 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 egent and title if applicable. (NOTE: Regis  |                        |  |   | d Agent signature rec | gnature required when reinstating) DATE                          |  |  |
| 12.   | OFFICERS AND DIRECTORS |  | 13.                                     |                       | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                |  |  |
| TITLE   | D L DELETE             |  |   | 1.1 TITLE Change      |  | Change   Addition                                |  |
| NAME  | STICKRATH, TIMOTHY     |  | 1.2 NAME                                |                       |  |  |  |
| STREET ADDRESS  |                        |  | 1.3 STREET ADDRESS                      |                       |  |  |  |
| CITY-ST-ZIP   |                        |  | _                                       | '-ST-ZIP              |  |  |  |
| TITLE   |                        |  | 2.1 TITL                                |                       | Change Addition  |  |  |
| NAME  |                        |  | 2.2 NAME                                |                       |  |  |  |
| STREET ADDRESS  |                        |  | 2.3 STRE                                |                       |  |  |  |
| CITY-ST-ZIP   |                        |  | 2.4 CiTY                                |                       |  |  |  |
| TITLE   | L_DELETE               |  | 3.1 TITL                                |                       |  | Change Addition                                  |  |
| NAME  |                        |  | 3.2 NAM                                 |                       |  |  |  |
| STREET ADDRESS  |                        |  |   | EET ADDRESS           |  | /  |  |
| CITY-ST-ZIP   |                        |  | 3.4 CITY<br>4.1 TITL                    |                       |  | 7  |  |
| TITLE   |                        | L] DELETE                              | 4.1 311L                                | - 1                   |  | hange Addition                                   |  |
| NAME  |                        |  |   | ·                     |  | 4hg//~   |  |
| STREET ADDRESS  |                        |  |   | EETADDRESS            |  | 1110//2  |  |
| CITY-ST-ZIP   |                        |  | 4,4 C(T)<br>5,1 T(T)                    |                       | Channe D Addition  |  |  |
| TITLE   | C becere               |  | 5.1 111L                                | 1                     | Change L Addition  |  |  |
| NAME  |                        |  |   |                       |  |  |  |
| STREET ADDRESS  |                        |  | 4                                       | EET ADDRESS           |  |  |  |
| CITY-ST-ZIP   |                        |  | 5.4 CITY<br>6.1 TITL                    |                       |  | Change Addition                                  |  |
| TITLE   | DELETE                 |  | 6.2 NAM                                 |                       | □ Change □ Addition □ Change □ Addition □                        |  |  |
| NAME  |                        |  |   |                       | -08/14/9801005   |  |  |
| STREET ADDRESS  |                        |  |   | EET ADDRESS           | ***150.00  | דדש  |  |
| CITY-ST-ZIP   |                        |  | 6.4 CITY                                | -ST-ZIP               | 7971.00.00   | that the Information                             |  |

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.

July 29, 1998

To: Florida Department of State

From: A to Z Land Holding Company, Inc.

Ref. Number: P97000092930

I am writing in reference to our 1998 Profit Corporation Annual Report not being filed. The reason why our annual report was not filed on time was because our company never received the forms. I am asking that the penalty be removed from the annual filing fee because it was not an error on our company's part.

Thank you,

Timothy Stickrath

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