

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
DOCUMENT # **P97000092930**

1. Corporation Name

**A TO Z LAND HOLDING COMPANY, INC.**

Principal Place of Business

 3345 TRICITY AVENUE  
 COCOA FL 32926

Mailing Address

 3345 TRICITY AVENUE  
 COCOA FL 32926

 6370 S. US1  
 ROCKLEDGE, FLA. 32955

2. Principal Place of Business

21 **6370 S. US1**

Suite, Apt. #, etc.

22 City &amp; State

23 **ROCKLEDGE FL**

Zip Country

24 **32955**

25

2a. Mailing Address

26 **6370 S. US1**

Suite, Apt. #, etc.

27 City &amp; State

28 **ROCKLEDGE FL**

Zip Country

29 **32955**

30

9. Name and Address of Current Registered Agent

 SCHILLINGER, CHARLES A  
 3125 WEST NEW HAVEN AVENUE  
 SUITE 200  
 W. MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/29/1997**

4. FEI Number

**59-3477536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐**\$5.00 May Be**

Trust Fund Contribution

Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 **D** ☐ DELETE
 NAME **STICKRATH, TIMOTHY**  
 STREET ADDRESS **3345 TRICITY AVENUE**  
 CITY-ST-ZIP **COCOA FL 32926**
TITLE **STICKRATH, TIMOTHY** ☐ DELETE
 NAME **6370 S. US1**  
 STREET ADDRESS **ROCKLEDGE FL 32955**  
 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition1.2 NAME **STICKRATH, TIMOTHY**1.3 STREET ADDRESS **6370 S. US1**1.4 CITY-ST-ZIP **ROCKLEDGE FL 32955**2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90055 018 \*\*\*150.00



CR2E034 (11/98)