- 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 # P97000098532

1. Corporation Name

SANIBEL LAND INVESTMENTS, INC.

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90050 006 ***150.00



Principal Place of Business Mailing Address						4 18841882 119 18111 18911 88111 1	J8111 WEIII	ABILE SESEN ININI NILE) I(FIQ (FQ) FQQ)
26335 AUGUSTA CREEK COURT P.O. BOX 366128 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34135 US						DO NOT W	RITE IN	THIS SPACE	
		•			I	Incorporated or Qualife	t		
						14/1997			-ti-al F
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		 	oplied For ot Applicable
21 21032						0794627			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required			equired	
City & State City & State 28					1	tion Campaign Financing t Fund Contribution	, _	\$5.00 Added	
Zip	Country Zip Cou			** *****					
24	25 29 30			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent			1 <u>0. Nan</u>	ne and Address of New	Registe	ered Agent	
CAD	LICK THOMAS D		81	Name					ì
GARLICK, THOMAS B 8889 PELICAN BAY BOULEVARD				Street	treet Address (P.O. Box Number is Not Acceptable)				
SUITE 300 NAPLES FL 34108			83						
IVAL	LLO L 04100		84	City				FL 85 Zip	Code
i office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	onzed by	the corpo	corporation sub oration's board o	mits this statement for the of directors. I hereby acc	e purpos ept the ε	se of changing its appointment as re	registered gistered
SIGNATURE									
OIGINATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	nt signature r	required when reinstati		DAT		
12.	OFFICERS AND		13.		ADDI	TIONS/CHANGES TO C	FFICER		DRS IN 12
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VIII.2.130.133				TREET ADDRESS 26325 Mahogany Pt. Cf.					
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify fer 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 or on attachment with an address, with all other like empowered.

SIGNATURE: