


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

001751

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90162 039 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P98000066196</b>  |  |   |  |  |  |
| 1. Corporation Name<br><b>TODAY'S LAND, INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br>C/O JOHN R. GEIGER, ESQ.<br>4475 US 1 SOUTH #406<br>ST AUGUSTINE FL 32086  |  |   | Mailing Address<br>C/O JOHN R. GEIGER, ESQ.<br>4475 US 1 SOUTH #406<br>ST AUGUSTINE FL 32086   |  |  |
| DO NOT WRITE IN THIS SPACE  |  |   |  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |  |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30  |  |  |
| 3. Date Incorporated or Qualified<br><b>07/23/1998</b>  |  |   | 4. FEI Number<br>Applied For<br>No: Applicable   |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   | \$8.75 Additional Fee Required   |  |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  |   | \$5.00 May Be Added to Fees  |  |  |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>GEIGER, JOHN R<br/>4475 US1 SOUTH #406<br/>ST AUGUSTINE FL 32086</b>  |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box: Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br><b>FL</b> |  |  |
| 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |   |  |  |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>1. John R. Geiger 4475 US1 SOUTH #406 St Augustine FL 32086<br>2. <input type="checkbox"/> DELETE<br>3. <input type="checkbox"/> DELETE<br>4. <input type="checkbox"/> DELETE<br>5. <input type="checkbox"/> DELETE<br>6. <input type="checkbox"/> DELETE<br>7. <input type="checkbox"/> DELETE<br>8. <input type="checkbox"/> DELETE<br>9. <input type="checkbox"/> DELETE<br>10. <input type="checkbox"/> DELETE<br>11. <input type="checkbox"/> DELETE<br>12. <input type="checkbox"/> DELETE |  |   |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP<br>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP<br>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP<br>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP<br>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP<br>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 904-794-2244  
Date Daytime Phone #

CR2E034 (11/98)