

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90091 050 \*\*\*158.75

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1. Corporation Name

AMERICAN DREAM LAND DEVELOPMENT AND CONSTRUCTION  
COMPANY, INC.



Principal Place of Business

10650 HAVERFORD ROAD  
JACKSONVILLE FL 32218

Mailing Address

10650 HAVERFORD ROAD  
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

4. FEI Number

59-3541989

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRURY, MARK A  
10650 HAVERFORD ROAD  
JACKSONVILLE FL 32218

81 Name

SAME

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME DRURY, MARK A  
STREET ADDRESS 10650 HAVERFORD ROAD #4  
CITY-ST-ZIP JACKSONVILLE FL 32218

1.1 TITLE PRESIDENT/SECRETARY/TREASURER ☐ Change ☒ Addition  
1.2 NAME MICHAEL W. JOHNSON  
1.3 STREET ADDRESS 391 JOHN D. MOBLEY RD  
1.4 CITY-ST-ZIP BROOKTON, GA 31519

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT OF OPERATIONS ☐ Change ☒ Addition  
2.2 NAME CHARLES R. WHITE  
2.3 STREET ADDRESS 1206 ARBOR CIRCLE  
2.4 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT OF SALES/ENGINEER ☐ Change ☒ Addition  
3.2 NAME HOWARD W. HENDERSON  
3.3 STREET ADDRESS 2961 BOY RD.  
3.4 CITY-ST-ZIP ORANGE PARK, FL 32065

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Michael W. Johnson* MICHAEL W. JOHNSON

JAN. 20, 1999

(904) 757-4700

Date

Daytime Phone #

CR2E034 (11/98)