2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000103720

EDD DEVELOPMENT CODE

FILED Oct 07, 2005 Secretary of State

Entity Name: FRP DEVELOPMENT CORP.							
Current Principal Place of Business:				New Principal Place of Business:			
	ON CIRCLE						
STE 100 SPARKS, N	MD 21152						
Current Mailing Address:				New Mailing Address:			
34 LOVETON CIRCLE				1801 ART MUSEUM DRIVE			
STE 100 SPARKS, MD 21152			STE 300 JACKSO	STE 300 JACKSONVILLE, FL 32207			
FEI Number:	58-1794556	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired	d ()	
Name and	Address of C	urrent Registered Agent:	Name an	d Address of	New Registered Agent:		
FRICK, DENNIS D				VAN LANDINGHAM, RAY M			
	21ST STREET VILLE, FL 322		STE 300	1801 ART MUSEUM DRIVE STE 300			
				JACKSONVILLE, FL 32207 US			
The above in the State		submits this statement for the pr	urpose of changing	ı its registered	office or registered agent,	or both,	
SIGNATURE: RAY M. VAN LANDINGHAM				10/07/2005			
Electronic Signature of Registered Agent				Date			
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior not	ice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title:		Delete	Title:	(() Change () Addition		
Name: Address:	DEVILLIERS, D. 34 LOVETON C		Name: Address:				
City-St-Zip:	SPARKS, MD 2		City-St-Zip:				
Title:	VS ()	Delete	Title:	VS	(X) Change()Addition		
Name:	VANLANDINGHA		Name:	VANLANDING	SHAM, RAY M		
Address: City-St-Zip:	1801 ART MUSI JACKSONVILLE		Address: City-St-Zip:		JSEUM DRIVE .LE, FL 32207		
Oity-Ot-Zip.	JACKSONVILLE	., 1 L 32201	Oity-St-Zip.	UACROCIVIL	LLL, 1 L 32201		
Title:	. ,	Delete	Title:	•	() Change () Addition		
Name: Address:	ANDERSON, JC 1801 ART MUSI		Name: Address:				
City-St-Zip:	JACKSONVILLE		City-St-Zip:				
Title:	VTCA ()	Delete	Title:	i	() Change () Addition		
Name:	RAYBURN, GEO		Name:		. ,		
Address:	34 LOVETON C		Address:				
City-St-Zip:	SPARKS GLEN	COE, MD 21152	City-St-Zip:				
Title:		Delete	Title:		(X) Change()Addition		
Name: Address:	RAYBURN, GEO		Name: Address:	JONES, TER	RY LCIRCLE STE 100		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: SPARKS, MD 21152

SIGNATURE: RAY M. VAN LANDINGHAM S 10/07/2005

City-St-Zip: SPARKS, MD 21152