Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Yes

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S27323**

1. Corporation Name

23

24

R & D LAND COMPANY INC

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State

28 Country Country Zip Zip 30 25 29

9. Name and Address of Current Registered Agent

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90040 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

01/24/1991 4. FEI Number

59-3049637

1204	ON, ALEXANDER L. FLETCHER DR. CY FL 32351	83 10	Address (P.O. Box Number is Not) 350 Ottabul	on I breet	
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 Date 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 phigations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NDTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES		Addition
TITLE	D DELETE	1.1 TITLE		☐ Change	L' Audition
NAME	D'ALEMBERTE, RICHARD W.	1.2 NAME			1
STREET ADORESS	275 BOLIVAR ST.	1.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE FL	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	BEAUCHAMP, EUSTIS W.	2.2 NAME	- A	.0	{
STREET ADDRESS	DENNIS S T.	2.3 STREET ADDRESS	7412 Beauchaup	Lame.	Ì
CITY-ST-ZIP	SNEADS FL	2. 4 CITY- ST-ZIP	SNERDE F/.		
TITLE	D DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	DITTY, JOSEPH C.	3.2 NAME		L	
STREET ADDRESS	ROUTE: 1: BOX 24A	3.3 STREET ADDRESS	5464 Ms anul	Ch Kong]
CITY-ST-ZIP	BASCOM FL	3.4. CITY-ST-ZIP	7912 Beauchaup Sneads Fl. P 5464 Ms Anull Baccon Fl.	<u>() 32423</u>	
TITLE	☐ DELETE	4.1 TITLE	l	☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			}
CITY-ST-ZIP		4.4 CiTY-ST-ZIP		_	
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			f
STREET ADDRESS	j	5.3 STREET ADDRESS			Ì
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE	•	☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			Ì
CITY-ST-ZIP		6.4 CITY-ST-ZIP	_		
44	actifuthat the information cumplied with this filing does not gualify for th	e evemption states	Lin Section 119 07(3)(i) Florida Sta	atutes. I further certify that the in	formation

I nereby 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 of 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.