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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S30518** **(2)**

1. Corporation Name

UNITED LAND CORPORATION

Principal Place of Business	Mailing Address
41 PATUXENT LANE PALM COAST FL 32164-7544 US	41 PATUXENT LANE PALM COAST FL 32164-7544 US

3. Date Incorporated or Qualified: 02/08/1991
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business	2a. Mailing Address
21 1301 RIVERPLACE BLVD.	26 1301 RIVERPLACE BLVD.
Suite, Apt. #, etc. 22 SUITE # 1836	Suite, Apt. #, etc. 27 SUITE # 1836
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.
Zip / Country 24 32207 / 25 DUVAL	Zip / Country 29 32207 / 30 DUVAL

4. FEI Number: 59-3050385 — ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCMOROW, THOMAS F. P. A
1301 RIVERPLACE BOULEVARD
STE 1836
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEHOE, WALTER A. ~~41 PATUXENT LANE~~ ~~PALM COAST FL~~ → address change only.	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRES. + DIRECTOR WALTER A. KEHOE 1301 RIVERPLACE BLVD. SUITE 1836 JACKSONVILLE, FL. 32207	☒ Change ADDRESS ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMORROW, THOMAS F. P. A 1301 RIVERPLACE BOULEVARD, STE 1836 JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Walter A. Kehoe, President — 4/10/96 — 904 346-3754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER A. KEHOE, PRESIDENT