


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

FILED
Apr 30 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S30518 (2)
1. Corporation Name
UNITED LAND CORPORATION

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| Principal Place of Business 315 11 AVE N JACKSONVILLE FL 32250 US | Mailing Address 315 11 AVE N JACKSONVILLE FL 32250 US |
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DO NOT WRITE IN THIS SPACE

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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 1301 RIVERPLACE BLVD. Suite, Apt., etc. 22 1836 City & State 23 JACKSONVILLE Zip 24 32207 | | 2a. Mailing Address 26 1301 RIVERPLACE BLVD. Suite, Apt., etc. 27 1836 City & State 28 JACKSONVILLE Zip 29 32207 | | 3. Date Incorporated or Qualified 02/08/1991 | |
| | | | | 4. FEI Number 59-3050385 | |
| | | | | 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent MCMORROW, 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 | |
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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

| | | | |
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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD KEHOE, WALTER A 315 11 AVE N JACKSONVILLE FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | PD KEHOE, WALTER A. 1301 RIVERPLACE BLVD., SUITE 1836 JACKSONVILLE, FL 32207 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MCMORROW, THOMAS F. P. A 1301 RIVERPLACE BOULEVARD, STE 1836 JACKSONVILLE FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | 6.1 TITLE 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.

SIGNATURE:

Walter A. Kehoe 4/27/98 904 398-0333

CR2E034 (10/97)