

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S38651

(3)

1. Corporation Name

BSAR LAND HOLDINGS-S, INC.

Principal Place of Business

% 50 N. LAURA ST.  
BARNETT TOWER; MC-099-000-1830  
JAX FL 32202  
US

Mailing Address

% 50 N. LAURA ST.  
BARNETT TOWER; MC-099-000-1830  
JAX FL 32202  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 M/C 099-000-0730  
23 City & State  
24 Zip  
25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 M/C 099-000-3255  
28 City & State  
29 Zip  
30 Country

3. Date Incorporated or Qualified  
03/14/1991

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3062106

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

GHOMESHI, MEHDI  
% 50 N. LAURA ST.  
BARNETT TOWER; MC-099-000-1830  
JAX FL 32202

10. Name and Address of New Registered Agent

81 Name

Gary W. England

82 Street Address (P.O. Box Number is Not Acceptable)

50 North Laura Street

83

M/C 099-000-0907

84 City

Jacksonville,

FL

85 Zip Code

32202

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-97

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME GHOMESHI, MEHDI  
STREET ADDRESS 50 N. LAURA ST.  
CITY-ST-ZIP JAX FL 32202 ☒ DELETE

TITLE DV  
NAME STORY, DEBORAH  
STREET ADDRESS 50 N. LAURA ST.  
CITY-ST-ZIP JAX FL 32202 ☐ DELETE

TITLE DSV  
NAME KRAMER, WILLIAM G  
STREET ADDRESS 1000 CENTURY PARK DRIVE, 4TH FLOOR  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE DTV  
NAME AKINS, ROY R  
STREET ADDRESS 1000 CENTURY PARK DRIVE, 4TH FLOOR  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV  
1.2 NAME Small, Lora J.  
1.3 STREET ADDRESS 50 North Laura Street  
1.4 CITY-ST-ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

2.1 TITLE PD  
2.2 NAME Story, Deborah B.  
2.3 STREET ADDRESS 50 North Laura Street  
2.4 CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

3.1 TITLE DSV  
3.2 NAME Wilmot, Michael R.  
3.3 STREET ADDRESS 50 North Laura Street  
3.4 CITY-ST-ZIP Jacksonville, FL 32202 ☐ Change ☒ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: *[Signature]* Deborah Story 4/10/97 904-791-5719

CR2E034 (9/96)