

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **S39521** (7)
1. Corporation Name
BDC LAND COMPANY

95 JAN 18 PM 3: 58

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
401 W COLONIAL DR **401 W. COLONIAL DR.**
7 **7**
ORLANDO FL 32804 **ORLANDO FL 32804**
US **US**

3. Date Incorporated or Qualified **03/21/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-3068344** Applied For
Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country 29 Zip Country 30 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, THOMAS R.
390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name **Allen, Thomas R.**
82 Street Address (P.O. Box Number is Not Acceptable) **340 N. ORANGE AVE**
83
84 City **Orlando, FL** 85 Zip Code **32801**

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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/10/95**

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	MACARTHUR, WILLIAM H
STREET ADDRESS	401 W. COLONIAL DR. STE. 7
CITY, ST, ZIP	ORLANDO FL
TITLE	V
NAME	ANDERSON, RANK N. J
STREET ADDRESS	425 W. COLONIAL DR. STE. 301
CITY, ST, ZIP	ORLANDO FL
TITLE	AS
NAME	DICKSON, CHERYL
STREET ADDRESS	401 W. COLONIAL DR. STE. 7
CITY, ST, ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDERSON, Frank N., Jr.
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	JAMES L. CRENSHAW
3.4 CITY, ST, ZIP	401 W. Colonial Dr., Ste 7 Orlando, FL 32804
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included as 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/10/95** TELEPHONE: **407-425-8276**
Signature and typed or printed name of signing officer or director
William H. MacArthur, Pres.