

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S47527** (4)

1. Corporation Name  
**PHOENIX LAND SALES, INC.**



Principal Place of Business: **2916 E PARK AVENUE SUITE 701 TALLAHASSEE FL 32308 US**  
Mailing Address: **2916 E PARK AVENUE SUITE 701 TALLAHASSEE FL 32301 US**

3. Date Incorporated or Qualified: **04/24/1991** 3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-3090267** 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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **CONIGLIO, MICHAEL J 104 EAST THIRD AVENUE TALLAHASSEE FL 32303**  
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 607.0532 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of person in charge of preparation of this report \_\_\_\_\_ Date Registered Agent was appointed or resigned \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>D KUYKENDALL, JOHN</b>	2. NAME	
3. STREET ADDRESS	<b>1482 HELEN ST.</b>	3. STREET ADDRESS	
4. CITY-STATE-ZIP	<b>LAKE CITY FL</b>	4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY-STATE-ZIP		8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY-STATE-ZIP		12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY-STATE-ZIP		16. CITY-STATE-ZIP	

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)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE: *John C. Kuykendall* 5/8/96 904 752 2888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John Kuykendall**

CR2E034 (12/95)