CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR -4 PM 7:13

DOCUMENT # S75396 (9)

1. Corporation Name
F & T LAND CORPORATION

Principal Place of Business	Mailing Address
4450 LAFAYETTE STREET MARIANNA FL 32446	4450 LAFAYETTE STREET MARIANNA FL 32446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/22/1991	03/16/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 57-0941093	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BONDURANT, FRANK E. 4450 LAFAYETTE STREET MARIANNA FL 32446	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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	TUMASZIK, PATRICIA G.	12 NAME		
STREET ADDRESS	7107 ENFIELD DR	13 STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE NC	14 CITY-ST-ZIP		
TITLE	VTS	21 TITLE	VTS	☒ Change ☐ Addition
NAME	FUNKHOUSER, SANDRA G.	22 NAME	FUNKHOUSER, SANDRA G.	
STREET ADDRESS	2619 OAK VALLEY DR	23 STREET ADDRESS	212 POTTER ROAD	
CITY-ST-ZIP	VIENNA VA	24 CITY-ST-ZIP	CANTON, NY 13617	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	FUNKHOUSER, SANDRA G.	32 NAME	FUNKHOUSER, SANDRA G.	
STREET ADDRESS	2619 OAK VALLEY DR	33 STREET ADDRESS	212 POTTER ROAD	
CITY-ST-ZIP	VIENNA VA	34 CITY-ST-ZIP	CANTON, NY 13617	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: Patricia G. Tumaszik, Pres. 30MAR95 (910) 864-2560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA G. TUMASZIK

0092184 CP