

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Feb 25 1997 8:00am Secretary of State	
DOCUMENT # S75396 (9)				1. Corporation Name F & T LAND CORPORATION	
Principal Place of Business 4450 LAFAYETTE STREET MARIANNA FL 32446		Mailing Address 4450 LAFAYETTE STREET MARIANNA FL 32446-3405		3. Date Incorporated or Qualified 08/22/1991 3a. Date of Last Report 02/13/1996	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 57-0941093 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 [X] Yes [] No	
9. Name and Address of Current Registered Agent BONDURANT, FRANK E. 4450 LAFAYETTE STREET MARIANNA FL 32446		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			
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: _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE PD 1.1 TITLE [] Change [] Addition			1.2 NAME [] Change [] Addition		
2. NAME TUMASZIK, PATRICIA G.			2.1 STREET ADDRESS		
3. STREET ADDRESS 7107 ENFIELD DR			2.2 CITY - ST - ZIP		
4. CITY - ST - ZIP FAYETTEVILLE NC			2.3 CITY - ST - ZIP		
5. TITLE VTS [] Change [] Addition			5.1 NAME [] Change [] Addition		
6. NAME FUNKHOUSER, SANDRA G.			6.1 STREET ADDRESS		
7. STREET ADDRESS 212 POTTER ROAD			6.2 CITY - ST - ZIP		
8. CITY - ST - ZIP CANTON NY			6.3 CITY - ST - ZIP		
9. TITLE D [] Change [] Addition			9.1 NAME [] Change [] Addition		
10. NAME FUNKHOUSER, SANDRA G.			10.1 STREET ADDRESS		
11. STREET ADDRESS 212 POTTER ROAD			10.2 CITY - ST - ZIP		
12. CITY - ST - ZIP CANTON NY			10.3 CITY - ST - ZIP		
13. TITLE [] Change [] Addition			13.1 NAME [] Change [] Addition		
14. NAME			14.1 STREET ADDRESS		
15. STREET ADDRESS			14.2 CITY - ST - ZIP		
16. CITY - ST - ZIP			14.3 CITY - ST - ZIP		
17. TITLE [] Change [] Addition			17.1 NAME [] Change [] Addition		
18. NAME			18.1 STREET ADDRESS		
19. STREET ADDRESS			18.2 CITY - ST - ZIP		
20. CITY - ST - ZIP			18.3 CITY - ST - ZIP		
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: Patricia S. Tumaszkis Pres. 18 Feb. 97 (910) 864-2560					