

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **S80957** (1)  
1. Corporation Name  
**LAND DEVELOPERS OF WALTON COUNTY, INC.**

Principal Place of Business

RT 2 BOX 216  
FREEPORT FL 32439  
US

Mailing Address

RT 2 BOX 216  
FREEPORT FL 32439-9602  
US

3. Date Incorporated or Qualified

09/18/1991

3a. Date of Last Report

01/25/1996

2. Principal Place of Business

21 20719 US HWY 331 S

Suite, Apt. #, etc.

22 FREEPORT FL

City &amp; State

23 32439-9618

WALTON

Zip

Country

24

25

2a. Mailing Address

26 20719 US HWY 331 S

Suite, Apt. #, etc.

27 FREEPORT FL

City &amp; State

28 32439-9618

WALTON

Zip

Country

29

30

4. FEI Number

59-3109940

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

10. Name and Address of New Registered Agent

BUCCI, SALLY  
RT 2 BOX 216  
FREEPORT FL 32439

81 Name

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

20719 US HWY 331 S

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETENAME BUCCI, SALLY  
STREET ADDRESS ROUTE 2, BOX 216  
CITY-ST-ZIP FREEPORT FL1.1 TITLE ☒ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

20719 US HWY 331 S

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

2.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

2.2 NAME

CITY-ST-ZIP

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY-ST-ZIP

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

4.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

4.2 NAME

CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

5.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

5.2 NAME

CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE

☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 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:

Sally Ann Bucci  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bucci

2-12-97

(904) 835-4739

Date Daytime Phone #

CR2E034 (9/96)