FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED

95 JUN -7 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S83654 (1)

1. Corporation Name
AUSTIN LAND COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 49297 JACKSONVILLE BEACH FL 32240-9297	GENERAL DELIVERY REIDSVILLE NC 27323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/30/1991	07/22/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 719	26 P.O. Box 719
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: REIDSVILLE, NC	28 City & State: REIDSVILLE, NC
24 Zip: 27323 25 Country: US	29 Zip: 27323 30 Country: US

4. FEI Number: 59-3085126 ☐ 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
CORP. INFORMATION SERVICES,INC. 1201 HAYS STREET TALLAHASSEE FL 32301	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City FL 95 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	P	11 TITLE	P ☑ Change ☐ Addition
NAME	AUSTIN, JERRY L.	12 NAME	AUSTIN, JERRY L.
STREET ADDRESS	28 OAKWOOD CT.	13 STREET ADDRESS	P.O. BOX 719
CITY ST ZIP	JACKSONVILLE BCH FL	14 CITY ST ZIP	REIDSVILLE, NC 27323
TITLE	V	21 TITLE	V ☑ Change ☐ Addition
NAME	AUSTIN, KENNETH, SR.	22 NAME	AUSTIN, KEN, SR.
STREET ADDRESS	P. O. BOX 49297 N/A	23 STREET ADDRESS	P.O. BOX 719
CITY ST ZIP	JACKSONVILLE BCH FL	24 CITY ST ZIP	REIDSVILLE, NC 27323
TITLE	ST	31 TITLE	ST ☐ Change ☐ Addition
NAME	AUSTIN, NANCY C.	32 NAME	AUSTIN, NANCY, C.
STREET ADDRESS	P. O. BOX 49297 N/A	33 STREET ADDRESS	P.O. BOX 719
CITY ST ZIP	JACKSONVILLE BCH FL	34 CITY ST ZIP	REIDSVILLE NC. 27323
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	000001509450
STREET ADDRESS		43 STREET ADDRESS	-06/09/95--01022--010
CITY ST ZIP		44 CITY ST ZIP	****225.00 ****225.00
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: _____ 5/25/95 40-668-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number EXT 5534

0486283 FN