

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 # **S83654** (1)

1. Corporation Name

AUSTIN LAND COMPANY



Principal Place of Business

P.O. BOX 719
REDSVILLE NC 27323

Mailing Address

GENERAL DELIVERY
REDSVILLE NC 27323

NOTE
NEW ADDRESS

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 26903

26 P.O. Box 26903

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Greensboro, NC

28 Greensboro, NC

24 27419-6903

25 Guilford

29 27419-6903

30 Guilford

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
06/07/1995

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

10. Name and Address of New Registered Agent

CORP. INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 of 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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME AUSTIN, JERRY L.
STREET ADDRESS 28 OAKWOOD CT.
CITY-ST-ZIP JACKSONVILLE BCH FL

TITLE ☐ DELETE

V
NAME AUSTIN, KENNETH, SR.
STREET ADDRESS P. O. BOX 719 N/A
CITY-ST-ZIP REDSVILLE NC 27323

TITLE ☐ DELETE

ST
NAME AUSTIN, NANCY C.
STREET ADDRESS P. O. BOX 719 N/A
CITY-ST-ZIP REDSVILLE NC 27323

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P
NAME Jerry L. Austin
STREET ADDRESS 725 N. Regional Road
CITY-ST-ZIP Greensboro, NC 27409

2.1 TITLE ☒ Change ☐ Addition

Kenneth Austin, Sr.
STREET ADDRESS 9740 US Hwy 158W
CITY-ST-ZIP Ruffin, NC 27326

3.1 TITLE ☒ Change ☐ Addition

ST
NAME Nancy C. Austin
STREET ADDRESS 725 N. Regional Road
CITY-ST-ZIP Greensboro, NC 27409

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

100001838391

05/24/96-01035-033

***200.00

5/1/96

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

910-605-2565