FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	**FILED May 15 1997 8:00am Secretary of State**

DOCUMENT # **S83654** (1)

1. Corporation Name

AUSTIN LAND COMPANY

Principal Place of Business	Mailing Address
P.O. BOX 26903 GREENSBORO NC 27419-6903	P.O. BOX 26903 GREENSBORO NC 27419-6903

3. Date Incorporated or Qualified **09/30/1991**	**3a.** Date of Last Report **05/01/1996**
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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

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 607.1506, 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME AUSTIN, JERRY L.		1.2 NAME	
STREET ADDRESS 725 N. REGIONAL RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP GREENSBORO NC 27409		1.4 CITY-ST-ZIP	
TITLE V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME AUSTIN, KENNETH, SR.		2.2 NAME	
STREET ADDRESS 9740 US HWY. 158 W.		2.3 STREET ADDRESS	
CITY-ST-ZIP RUFFIN NC 27326		2.4 CITY-ST-ZIP	
TITLE ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME AUSTIN, NANCY C.		3.2 NAME	
STREET ADDRESS 9740 US HWY. 158 W.		3.3 STREET ADDRESS	
CITY-ST-ZIP RUFFIN NC 27326		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

(signature) 5-15-97

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***165.00

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: SIGNATURE REQUIRED   4/28/97   910-605-2565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #