## 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

DOCUN 1. Corporation	# V0093

(4)

TODD LAND DEVELOPMENT, INCORPORATED

Principal Plac	e of Businoss	Mailing Address P.O. BOX 206			
PORT ST JOE		PORT ST JOE FL 3245	57-0206		
				3. Date Incorporated or Qualified 01/01/1992	3a. Date of Last Report 03/05/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3102621	Not Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>[23</b> ]	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes   No
[24]	9. Name and Address of Cu		1301	10. Name and Address of New Reg	
TO	DD, DONNA L		81 Name		
STA	AR ROUTE 1 BOX 160 JUNTY RD 30		82 Street A	ddress (P.O. Box Number is Not Acceptable	e)
	RT ST JOE FL 32456		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida State of Florida, Sudh change w	atutes, the above-named c	orporation submits this statement for the purations board of directors. I hereby accept	
agent La	on familiar with and ficer in	(b) valivns o' 60/00 607.0505,	, Fidinda Statutes.	7 1000	11-00
SIGNATURE	1	-100 C	NOTE: Registered Agent signature to	7. NOO	4-17-9/
12.		ed agent and title it applicable (f SIAND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
HILF	PD	DELETE	1.1 TITLE		Change Addition
NAME	TODD, DONNA L.		1.2 NAME		
STREET ADDRESS	S.R. 1 BOX 160		1.3 STREET ADDRESS		
C:TY - ST - ZIF	PORT ST JOE FL	····	1,4 CITY-ST-ZIP		
THE	VD	DELETE	0.4.7171.5		
NAME (	TODD, RICHARD L.	L. belen	21 TITLE	·	Change Addition
STREET ADDRESS			2.2 NAME		Change Addition
1 (4) 4 (7 7)0	S.R. 1 BOX 160	_7 octobe	2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
Cily-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	·	
1011	S.R. 1 BOX 160	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE	·	Change Addition
TITLE NAME	S.R. 1 BOX 160		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME		
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THUE NAME STHEET ADDRESS CHY-SE ZIE	S.R. 1 BOX 160	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
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SIGNATURE:

CD Y - ST - ZIP

14. Too 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; the lam 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 13 if chapted, or on an attachment with an oddress.

**FILED** 

Apr 21 1997 8:00am

Secretary of State

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