

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V00933 (4)
1. Corporation Name
TODD LAND DEVELOPMENT, INCORPORATED



Principal Place of Business Mailing Address
P.O. BOX 206 P.O. BOX 206
PORT ST JOE FL 32456 PORT ST JOE FL 32456

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2880 CR 30 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 206 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/01/1992	
22 3 City & State 23 Port St Joe, FL Zip 24 32456		27 3 City & State 28 Port St. Joe, FL Zip 29 32457		4. FEI Number 59-3102621 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, DONNA L.
STAR ROUTE 1 BOX 160 5451 Sandbar Dr.
COUNTY RD 30
PORT ST JOE FL 32456

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 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

Donna L. Todd

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	PD	1.1 TITLE	PD
NAME	TODD, DONNA L.	1.2 NAME	Todd, Donna L.
STREET ADDRESS	S.R. 1 BOX 160	1.3 STREET ADDRESS	5451 SANDBAR DR.
CITY-ST-ZIP	PORT ST JOE FL	1.4 CITY-ST-ZIP	PORT ST JOE, FL. 32456
TITLE	VD	2.1 TITLE	VD
NAME	TODD, RICHARD L.	2.2 NAME	TODD, RICHARD L.
STREET ADDRESS	S.R. 1 BOX 160	2.3 STREET ADDRESS	5451 SANDBAR DR.
CITY-ST-ZIP	PORT ST JOE FL	2.4 CITY-ST-ZIP	PORT ST. JOE, FL. 32456
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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

Donna L. Todd

3-20-98

857-220-8297

CR2E034 (10/97)