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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V19300** (5)

1. Corporation Name
ALBRITTON-EVANS LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 90369 LAKELAND FL 33804-0369	P.O. BOX 90369 LAKELAND FL 33804-0369

3. Date Incorporated or Qualified: 03/06/1992
3a. Date of Last Report: 06/05/1996

2. Principal Place of Business
21: 110 PINE St
22 Suite, Apt. #, etc.: LAKELAND
23 City & State: FL
24 Zip: 33801
25 Country: POLK

2a. Mailing Address
26: 110 P. NE St
27 Suite, Apt. #, etc.: LAKELAND
28 City & State: FL
29 Zip: 33801
30 Country: POLK

4. FEI Number: 59-3189888 ☐ 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

EVANS, WILLIAM E., JR.
341 W DAVIDSON ST
SUITE 301
BARTOW FL 33830-1896

10. Name and Address of New Registered Agent

81 Name: ALBRITTON E. KALE
82 Street Address (P.O. Box Number is Not Acceptable): 110 E. PINE St
83: LAKELAND
84 City: FL **FL** 85 Zip Code: 33801

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: X [signature] E. Kale Albritton 3-13-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, WILLIAM E. 6005 DEEN STILL RD LAKELAND FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	EVANS, William E 15407 EVANS RANCH Rd LAKELAND FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVANS, JULIE P. 6005 DEEN STILL RD LAKELAND FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	EVANS, JULIE P 15407 EVANS RANCH Rd LAKELAND FL 33809	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBRITTON, E. KALE 723 LAKE AGNES DR POLK CITY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	ALBRITTON E. KALE 1008 NEWPORT LAKELAND FL 33801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBRITTON, SUE P. 723 LAKE AGNES DR POLK CITY FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ALBRITTON SUE P. 1008 NEWPORT LAKELAND FL 33801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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] 2-7-97 941-859-6646