

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:15

DOCUMENT # V42813 (8)

**1. Corporation Name
WESTPORT LAND CORPORATION**

Principal Place of Business
200 EAST ROBINSON ST.
SUITE 500
ORLANDO FL 32801

Mailing Address
200 EAST ROBINSON ST.
SUITE 500
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/08/1982 **3a. Date of Last Report** 05/01/1994

4. FEI Number 59-3238581 **Applied For** ☐ **Not Applicable** ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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**

22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

23 City & State **28** City & State

24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent

**HENDRY, ROBERT R.
200 E. ROBINSON ST.
SUITE 500
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name FLORIDA CORPORATE SUPPORT, INC.
82 Street Address (P.O. Box Number is Not Acceptable) 200 EAST ROBINSON STREET
83 SUITE 500
84 City ORLANDO, FL. **85 Zip Code** FL 32801

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

FLORIDA CORPORATE SUPPORT, INC.

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDRY, ROBERT R.
STREET ADDRESS 200 EAST ROBINSON ST., SUITE 500
CITY - ST - ZIP ORLANDO FL

TITLE VP
NAME STONER, RICHARD D
STREET ADDRESS 200 E. ROBINSON ST., STE. 500
CITY - ST - ZIP ORLANDO FL

TITLE S
NAME BROWN, G. S
STREET ADDRESS 200 E. ROBINSON ST., STE. 500
CITY - ST - ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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)(b), Florida Statutes. I further certify that the information included 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 a receiver or trustee empowered to execute this report as required by Chapter 1037, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a subsequent filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name