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Mar 19 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 # **V68734** (5)
1. Corporation Name
FIRST LAND COMPANY

Principal Place of Business

**27927 TAMMI DR
TAVARES FL 32778
US**

Mailing Address

**2771 LUST RD., STE 2
APOPKA FL 32703
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 27927 TAMMI DR.		09/30/1992	
22 City & State		27 TAVARES, FL		4. FEI Number	
23 Zip		29 32778		59-3148675	
24 Country		30 US		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current-year intangible	
				Personal Property Tax due June 30.	

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

Yes No

9. Name and Address of Current Registered Agent

**LONG, T. B.
2771 LUST RD., STE 2
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name **LONG, III T. B. (same Agent)**
82 Street Address (P.O. Box Number is Not Acceptable)
83 27927 TAMMI DR
84 City **TAVARES** FL 85 Zip Code **32778**

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

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	LONG, T. B.	1.2 NAME	LONG III, T. B.
STREET ADDRESS	2771 LUST RD., STE 2	1.3 STREET ADDRESS	27927 TAMMI DR
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	TAVARES FL 32778
TITLE	STD	2.1 TITLE	
NAME	LONG, ELIZABETH	2.2 NAME	
STREET ADDRESS	27927 TAMMI DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
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 on an attachment with an address.

SIGNATURE:

T. Berry Long III
T. Berry Long III

3/14/98

352-343-9245

CR2E034 (10/97)