SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* 2. Date of Event Requiring Statement (Month/Day/Year) 02/06/2004		3. Issuer Name and Ticker or Trading Symbol <u>CONSOLIDATED TOMOKA LAND CO</u> [CTO]					
(Last) (First) (Middle) 27187 OLD SPRING LAKE ROAD		 Relationship of Reporting Perso Check all applicable) X Director 	n(s) to Issuer 10% Owne	(Mor	5. If Amendment, Date of Original Filed (Month/Day/Year)		
		Officer (give title below)	Other (spec below)		icable Line)	/Group Filing (Check	
(Street) BROOKSVILLE FL 34602				X		y One Reporting Person y More than One erson	
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)		Amount of Securities eneficially Owned (Instr. 4)			I. Nature of Indirect Beneficial Ownership Instr. 5)		
Common Stock		0	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) 2. Date Exercis Expiration Date (Month/Day/Yea)	9	3. Title and Amount of Securi Underlying Derivative Securit		4. Conversion or Exercise	rcise Form: f Direct (D) tive or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security			

Gerald L. DeGood

** Signature of Reporting Person Date

02/06/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 * If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.