

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAR -1 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543475 (8)

1. Corporation Name

LAN DEVELOPMENT COMPANY

Principal Place of Business

3239 BLOOMING HILL LANE
PALM HARBOR FL 34684-4106
US

Mailing Address

3939 BLOOMING HILL LANE
PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/22/1977

3a. Date of Last Report
04/29/1994

4. FEI Number
59-1761338

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

2. Principal Place of Business

21 520 ISLAND DR.

2a. Mailing Address

26 520 ISLAND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip

Country

24 34689

25 PINELLAS

Zip

Country

29 34689

30 PINELLAS

9. Name and Address of Current Registered Agent

MONA, MICHAEL P. N.
3939 BLOOMING HILLS LANE
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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 607.1506, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MONA, MICHAEL P N
3939 BLOOMING HILL LANE
PALM HARBOR, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
MONA, NELLY E.
3939 BLOOMING HILL LN
PALM HARBOR FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
520 ISLAND DR
TARPON SPRINGS, FL 34689

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
520 ISLAND DR.
TARPON SPRINGS, FL 34689

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 1 (10.07(2)(b)), 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: Michael P.N. Mona
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL P.N. MONA

24 FEB 95 813-934-7777