

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 28 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **589036** (3)  
 1. Corporation Name: **LANDSEAIR, INC.**



Principal Place of Business: **4 STATE ST. DAVENPORT FL 33837 US**  
 Mailing Address: **P.O. BOX 877 DAVENPORT FL 33836-0877 US**

3. Date Incorporated or Qualified: **10/10/1978**      3a. Date of Last Report: **05/01/1996**

4. FEI Number: **59-1846514**      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 # State St**      2a. Mailing Address: **26 P.O. BOX 877**

City & State: **23 Davenport**      City & State: **28 Davenport**

Zip: **24 33836**      Country: **25 Polk**      Zip: **29**      Country: **30 Polk**

9. Name and Address of Current Registered Agent: **SCANLAND, GLADYS Y #4 STATE STREET DAVENPORT FL 33837**

10. Name and Address of New Registered Agent:

81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_      85 Zip Code: **FL**

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: Gladys Y. Scanland      Gladys Y. Scanland      3/10/97  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b> <input type="checkbox"/> DELETE	NAME: <b>SCANLAND, GLADYS Y</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>#4 STATE STREET</b>	CITY-ST-ZIP: <b>DAVENPORT, FL 00000</b>	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY-ST-ZIP:	
TITLE: <b>ST</b> <input type="checkbox"/> DELETE	NAME: <b>SCANLAND, GLADYS Y</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>#4 STATE STREET</b>	CITY-ST-ZIP: <b>DAVENPORT, FL 00000</b>	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gladys Y. Scanland      3/24/97  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)