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FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90077 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000005966**
 1. Corporation Name
TED LANSING CORPORATION

Principal Place of Business: **2903 W. 15th STREET PANAMA CITY, FL 32401**
 Mailing Address: **P.O. BOX 9489 RICHMOND, VA 23228**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
NOV 1998

4. FEI Number
54-0617098 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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 607.1508, 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

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	J.C. LANSING	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	D. SCOTT JORDAN	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	LAWRENCE A. WILSON	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	LYNN K WHITE	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	KEVIN E KUCHEM	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	W. BIRCH DOUGLASS, III	
STREET ADDRESS	ONE JAMES CENTER	
CITY-ST-ZIP	RICHMOND, VA 23228	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LAWRENCE A. WILSON** **3/25/99** **804 266-8893**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)