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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **H77824** **(1)**

1. Corporation Name
LANDERS & PARSONS, P.A.

Principal Place of Business	Mailing Address
310 W. COLLEGE AVNEUE P.O. BOX 271 TALLAHASSEE FL 32302-0271	310 W. COLLEGE AVNEUE P.O. BOX 271 TALLAHASSEE FL 32302-0271

3. Date Incorporated or Qualified: 09/25/1985
3a. Date of Last Report: 01/31/1996

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

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

4. FEI Number: 59-2581204 ☐ 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

9. Name and Address of Current Registered Agent

PARSONS, PHILIP S.
310 E. COLLEGE AVENUE
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VPD	☐ Change ■ Addition
NAME	LANDERS, JOSEPH W., JR.		1.2 NAME	PARSONS, PHILIP S.	
STREET ADDRESS	5009 BRILL PT RD		1.3 STREET ADDRESS	2086 W. FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VPD	☐ DELETE	2.1 TITLE	TD	☐ Change ■ Addition
NAME	LAVIA, JOHN T III		2.2 NAME	McCORMACK, FRED A.	
STREET ADDRESS	7030 ALHAMBRA DR		2.3 STREET ADDRESS	3019 BROOKMONT DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VPD	☐ DELETE	3.1 TITLE	SD	■ Change ☐ Addition
NAME	WRIGHT, ROBERT SCHEFFE		3.2 NAME	LAVIA, JOHN T., III	
STREET ADDRESS	3686 DWIGHT DAVIS DR		3.3 STREET ADDRESS	7030 ALHAMBRA DR.	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	SD	■ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LOTSPEICH, RICHARD A.		4.2 NAME		
STREET ADDRESS	1708 EVENING BREEZE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTIN, CINDY L		5.2 NAME		
STREET ADDRESS	3727 THOMASVILLE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEE, DAVID S		6.2 NAME		
STREET ADDRESS	7010 DUCK COVE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Philip S. Parsons Philip S. Parsons 3/6/97 681-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #