

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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H89885 (8)**  
 1. Corporation Name  
**THE LAND PLANNING GROUP, INC.**



Principal Place of Business <b>2001 OLD US HIGHWAY 441                  SUITE 1                  MT. DORA FL 32757                  US</b>	Mailing Address <b>2001 OLD US HIGHWAY 441                  SUITE 1                  MT. DORA FL 32757                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> <b>25</b>	<b>29</b> <b>30</b>

**3.** Date Incorporated or Qualified  
**12/13/1985**

**4.** FEI Number  
**59-2615433** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**SUMMERS, GARY L.  
 380 WEST ALFRED STREET  
 TAVARES FL 32778**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BEVLIEAU, GREG A.</b>	
STREET ADDRESS	<b>5130 BANANA POINT DRIVE</b>	
CITY-ST-ZIP	<b>OKAHUMPA FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, STEPHEN R.</b>	
STREET ADDRESS	<b>15831 CHESTNUT LANE</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, STEPHEN R.</b>	
STREET ADDRESS	<b>15831 CHESTNUT LANE</b>	
CITY-ST-ZIP	<b>TAVARES FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, TIMOTHY</b>	
STREET ADDRESS	<b>809 NORTHSIDE DR.</b>	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, BETTY</b>	
STREET ADDRESS	<b>2160 BENT OAK DR.</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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.

SIGNATURE: 

*A/13/98 (352) 383 1444*

CR2E034 (10/97)