FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:36

DOCUMENT # P00810 (2)

1. Corporation Name
LANDRUM SOFTWARE, INC.

Principal Place of Business	Mailing Address
2646 S.W. MAPP ROAD #205 P.O. BOX 842 PALM CITY FL 34990-7842	2646 S.W. MAPP ROAD #205 P.O. BOX 842 PALM CITY FL 34990-7842

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1984
3a. Date of Last Report: 02/10/1994

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

4. FEI Number: 59-2338051 ☐ 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	10. Name and Address of New Registered Agent
LANDRUM, RICHARD, H 2646 SW MAPP ROAD, STE 205 2949 S.W. CORNELL AVE. PALM CITY FL 34990	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	PTD	11 TITLE	☐ Change	☑ Addition
NAME	LANDRUM, RICHARD H.	12 NAME		
STREET ADDRESS	2949 S.W. CORNELL AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	14 CITY-ST-ZIP		34990
TITLE	VSD	21 TITLE	☐ Change	☑ Addition
NAME	LANDRUM, JANE S.	22 NAME		
STREET ADDRESS	2494 S.W. CORNELL AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL	24 CITY-ST-ZIP		34990
TITLE	D	31 TITLE	☐ Change	☑ Addition
NAME	CLARK, ELIZABETH LANDRUM	32 NAME		
STREET ADDRESS	1353 MIDDLE RIVER DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP		33304
TITLE	D	41 TITLE	☐ Change	☑ Addition
NAME	SWISHER, ROBERT	42 NAME		
STREET ADDRESS	4 BANCHORY CT.	43 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH. GARDENS FL	44 CITY-ST-ZIP		33418
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: R H Landrum 4-7-95 (407) 286-1324
SIGNATURE AND PRINT OR TYPE THE NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD H. LANDRUM

0370783 CP