## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

154335 DOCUMENT #

(4)

Secretary of State

**FILED** 

Jan 30 1996 8:00 am

LANGDAL	LE WOODLANDS INC						
cipal Place of B	usiness	Mailing Address				O) BYRE OLDEN OLDEN DIALE DIE	YAR BABAN BABAN 1888
1202 MADISON HIGHWAY VALDOSTA GA 31601-6033  1202 MADISON HIGHWAY VALDOSTA GA 31601-6033							
<b>.</b>					3. Date Incorporated or Qualified 03/16/1948	3a. Date of Last F 02/27/19	•
Principal Place o	of Business	2a. Mailing Address			4. FEI Number	)	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.	4		58-0566337  5. Certificate of Status Desired	\$8.7!	Not Applicabl  5 Additional
		27					Required
Dity & State		City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ed to Fees
φ Ψ	Country	Zip	Country	······································	8. This corporation has liability for		
	25	29	30			□No	
9.	Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New R	egistered Agent	
LONG DAI	E						
LONG, DALE 10 ALMOND PLACE OCALA 32672			82	Street Addr	ess (P.O. Box Number is Not Acceptab	ile)	
			83				
			84	City		B5 Z	ip Code
f	10 4 6070500	1007 4500 FL 11 DILL			ation submits this statement for the pu	FL   "   *	
	P LANGDALE JR., JOHN W. 1202 MADISON HIGHWAY	DELETE	1 1 TITLE 1.2 NAME	T ADDRESS		☐ Change	☐ Additio
	VALDOSTA GA		1.3 STREE				
	D	DELETE	2 1 TITLE			☐ Change	Additio
	LANGDALE JR,HARLEY		2 2 NAME				
	1202 MADISON HIGHWAY VALDOSTA GA		2 3 STREE 2 4 City-	T ADDRESS			
	D	DELETE	3 1 THTLE			☐ Change	Additio
	LANGDALE JR.JOHN J		3.2 NAME				
	1202 MADISON HIGHWAY			ET ADDRESS			
	VALDOSTA GA ST	□ DELETE	3.4 CiTY - 4. 1 TITLE			☐ Change	Addition
	PARRISH, DELORES M.		4.1 MAME			El orange	LJ radiis
	1202 MADISON HIGHWAY			T ADDRESS			
-ST-7 P	VALDOSTA GA		4.4 CHY-				
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:			5 2 NAME				
: LADDRESS			53 STREE	T ADDRESS			
\$1.72		F Deceme	5.4 CITY-				
		DELETE	6 1 1111.6			Change	Additio
t LLASHVOLDE			6.2 NAME				
EL ADDRESS				T ADDRESS			
	rtify that the information supplied v	vito this filing is voluntarily furn			for the exemption stated in Section 119	.07(3)(k), Florida Stati	utes. I further
certify that the oath; that I am	information indicated on this annu	al report or supplemental annu ration or the receiver or trustee	ual report is ti e empowered	es not qualify frue and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, F	same	legal effect as

Personal Jacane 12496 1912-333-2536

ORDINECTOR Deplace Proper SIGNATURE: 🗸