FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 13 1996 8:00 am
Secretary of State

DOCUMENT # **230479** **(8)**

1. Corporation Name

LANDRUM-YAEGER AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3375-B CAPITAL CIRCLE NE P.O. BOX 14099 TALLAHASSEE FL 32308	3375-B CAPITAL CIRCLE NE P.O. BOX 14099 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **11/24/1959**
3a. Date of Last Report: **06/23/1995**
4. FEI Number: **59-0897124** ☐ 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

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

9. Name and Address of Current Registered Agent

LANDRUM,R GARY
3375-B CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

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 of new registered agent, if appointed) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN LANDINGHAM, WILLIAM		1.2 NAME	
STREET ADDRESS	RT. 4 BOX 1359		1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL		1.4 CITY-ST-ZIP	
TITLE	C	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LANDRUM, R. GARY		2.2 NAME	
STREET ADDRESS	3815 BOBBIN MILL RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JR. B		3.2 NAME	
STREET ADDRESS	6004 OXBOTTOM MANOR DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JAY, E. SCOTT		4.2 NAME	
STREET ADDRESS	570 MEADOW RIDGE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, JAMES W.		5.2 NAME	
STREET ADDRESS	RT. 3, BOX 3806		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROUSLIN, STACY J.		6.2 NAME	
STREET ADDRESS	2600-A HAYWARD DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
Date

382143
Daytime Phone #