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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 230479 (8)

1. Corporation Name
LANDRUM-YAEGER AND ASSOCIATES, INC.

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

Mailing Address
3375-B CAPITAL CIRCLE NE
P.O. BOX 14099
TALLAHASSEE FL 32308-3786



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
11/24/1959

3a. Date of Last Report
02/13/1996

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

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME VAN LANDINGHAM, WILLIAM
STREET ADDRESS RT. 4 BOX 1359
CITY-ST-ZIP QUINCY FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE C ☐ DELETE
NAME LANDRUM, R. GARY
STREET ADDRESS 3815 BOBBIN MILL RD.
CITY-ST-ZIP TALLAHASSEE FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME CAMPBELL, JR. B
STREET ADDRESS 6004 OXBOTTOM MANOR DRIVE
CITY-ST-ZIP TALLAHASSEE FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME JAY, E. SCOTT
STREET ADDRESS 570 MEADOW RIDGE DRIVE
CITY-ST-ZIP TALLAHASSEE FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☒ DELETE
NAME HUGHES, JAMES W.
STREET ADDRESS RT. 3, BOX 3806
CITY-ST-ZIP HAVANA FL

51 TITLE Sec. / Treas. ☒ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME ROUSLIN, STACY J.
STREET ADDRESS 2800-A HAYWARD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 officer 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)