

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/24/1959	
25		30		4. FEI Number 59-0897124 Applied For <input type="checkbox"/> Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
85 Zip Code				FL	

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HUGHES, JAMES W.		5.2 NAME				
STREET ADDRESS	RT. 3, BOX 3808		5.3 STREET ADDRESS				
CITY-ST-ZIP	HAVANA FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 registered 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:

William R. VanLandingham 4/6/98 850 380-2143

CR2E034 (1097)