SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 22 AM 8:44

DOCUMENT # **378903** **(9)**

1. Corporation Name

LANDMARK MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
2310 ~~3000~~ IMMOKALEE ROAD, SUITE J NAPLES FL 33942	2310 ~~3000~~ IMMOKALEE ROAD, SUITE J NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1971	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1321320	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 2310 ~~3000~~ Immokalee Road	26 2310 ~~3000~~ Immokalee Road
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Naples, FL	28 City & State: Naples, FL
24 Zip: 33942 / 25 County	29 Zip: 33942 / 30 County

9. Name and Address of Current Registered Agent

CATALANO, FISHER & BUCKEL, CHARTERED
4001 TAMIAMI TRAIL, NO 404
NAPLES FL 33940

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 _____ 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	PD	11 TITLE		☒ Change ☐ Addition
NAME	WHISNAND, H SCOTT	12 NAME		
STREET ADDRESS	3000 IMMOKALEE RD, STE J	13 STREET ADDRESS	2310 ~~3000~~ Immokalee Road	
CITY-ST-ZIP	NAPLES, FL 00000	14 CITY-ST-ZIP	Naples, FL 33942	
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	WHISNAND, ROY V	22 NAME		
STREET ADDRESS	3000 IMMOKALEE RD, STE J	23 STREET ADDRESS	2310 ~~3000~~ Immokalee Road	
CITY-ST-ZIP	NAPLES, FL 00000	24 CITY-ST-ZIP	Naples, FL 33942	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	BUTLER, POLLY W	32 NAME		
STREET ADDRESS	3000 IMMOKALEE RD, STE J	33 STREET ADDRESS	2310 ~~3000~~ Immokalee Road	
CITY-ST-ZIP	NAPLES, FL 00000	34 CITY-ST-ZIP	Naples, FL 33942	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	WHISNAND, JANE A	42 NAME		
STREET ADDRESS	3000 IMMOKALEE RD, STE J	43 STREET ADDRESS	2310 ~~3000~~ Immokalee Road	
CITY-ST-ZIP	NAPLES, FL 00000	44 CITY-ST-ZIP	Naples, FL 33942	
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		

CR2E034 (3/95)

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: Polly W. Butler Polly W. Butler 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0107400 CP