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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

LANDVEST OF FLORIDA, INC.

## **FILED** May 15 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			841 81011 91911 81811 918CC 1081
1300 RIVERPLACE BLVD	1300 RIVERPLACE BLVD	1		
SUITE 610	SUITE 610			
JACKSONVILLE FL 32207	JACKSONVILLE FL 3220	7	DO NOT WRITE IN THI	S SPACE
US	US		3, Date Incorporated or Qualified	
A ANNA PROPERTY OF THE PROPERT	T		07/06/1973	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1497612	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	City & State		- Clarke Occasion Florence	<del></del>
23	28		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the corporation of the corporat	
2425	29	30	Personal Property Tax due June 30.	Yes PNo
Name and Address of Current F			10. Name and Address of New Registers	d Agent
BURPEE A.L. JR.		81 Name		
1300 RIVERPLACE BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 610		OZ Street Addi	ress (F.O. Box Nulliber is Not Acceptable)	
JACKSONVILLE FL 32207		83		
		04 05		an Zin Codo
		84 City	F	B5 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the above-named corp	poration 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 Statules.				
SIGNATURE Signature, typod or peoleco name of regeneral agent a	ono lite d'applicable (NO	IE Registered Agent signature requi	red when reinstating) DATE	f
12. OFFICERS AND I	. ,	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE PD	☐ DELETE	1.1 TITLE		Change Addition
NAME TOWERS JR,C D		1.2 NAME		
STREET ADDRESS 1300 RIVERPLACE BLVD, SUITE	: 610	1.3 STREET ADDRESS		]
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY - ST - ZIP		
TITLE VD	DELETE	2.1 TITLE		Change Addition
NAME LYERLY, JEAN B. STREET ADDRESS 1300 RIVERPLACE BLVD., SUITI	E 640	2.2 NAME		
14 CHOONBALLE EL	E 010	2.3 STREFT ADDRESS		
-	DELETE	2 4 CITY+ST-ZIP		Change Addition
TITLE VSD NAME LYLE, M.L.	□ DETCIE	3.1 TITLE		L Change L Augustin
4000 DIVEDOLACE DI VID. CHIT	F 810	3.2 NAME		
14CMCOARALLE EL	L 010	3.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME BURPEE, JR., A.L.	C. Metric	4. 2 NAME		comple
STREET ADDRESS 1300 RIVERPLACE BLVD. SUITE	610	4.3 STREFT ADDRESS		
IACKOVINALIE EL		4.4 CITY-ST-ZIP		
TITLE V	☐ DELETE	5.1 TITLE		Change Addition
NAME JAMES, H.R. SR.		5.2 NAME		
STREET ADDRESS 1300 RIVERPLACE BLVD., SUIT	E 610	5.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL		V S STILLT FIDERICOS		
TITLE VAS		5.4 CITY-ST-7IP		I
	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME   <b>DIAMMEN, MILLIAM M</b> .	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 1300 RIVERPLACE BLVD., SUIT				Change Addition

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 receipter of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.