

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

DOCUMENT # 448820

(1)

1. Corporation Name

LANDVEST OF TAMPA, INC.



Principal Place of Business

1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619
US

Mailing Address

1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619
US

3. Date Incorporated or Qualified

03/18/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 4335 KETTERING ROAD

Suite, Apt. #, etc.

2a. Mailing Address

26 4335 KETTERING ROAD

Suite, Apt. #, etc.

4. FEI Number

59-1575312

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

22

City & State

23 BROOKSVILLE, FL.

27

City & State

28 BROOKSVILLE, FL.

24 Zip 34602

Country

25 HERNANDO

29 Zip

30 34602

Country

30 HERNANDO

9. Name and Address of Current Registered Agent

PEDONE, ALBERT M.
1100 NORTH 50TH STREET
UNIT 4D
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number, Not Acceptable)

4335 KETTERING ROAD

83

84 City

BROOKSVILLE, FL.

FL

85 Zip Code

34602

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

Albert M. Pedone

ALBERT M. PEDONE 3/14/96

(NOTE: Registered Agent's signature is not required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE
NAME PEDONE, ALBERT M.
STREET ADDRESS 1100 NORTH 50TH STREET, UNIT 4D
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE
NAME PEDONE, ALBERT M.
STREET ADDRESS 1100 NORTH 50TH STREET, UNIT 4D
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME PEDONE, LEE K
STREET ADDRESS 3774 KETTERING ROAD
CITY-ST-ZIP BROOKSVILLE FL

TITLE D ☐ DELETE
NAME PEDONE, PHILIP J.
STREET ADDRESS 379 PARKER AVE STE 101
CITY-ST-ZIP ROCHESTER NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
4335 KETTERING ROAD
BROOKSVILLE, FL. 34602

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
4335 KETTERING ROAD
BROOKSVILLE, FL. 34602

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
1263 PARK AVE.
ROCHESTER, N.Y. 14610

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

Albert M. Pedone

ALBERT M. PEDONE

Date:

Daytime Phone:

3/14/96
904-796-5646

CR2E034 (12/95)