PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90040 033 ***150.00

DOCUMENT # 448967 1. Corporation Name LAND PROGRAMS, INC. Principal Place of Business Mailing Address 2613 26TH CT. 2613 26TH CT. JUPITER FL 33477 JUPITER FL 33477 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/20/1974 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 59-15206<u>97</u> 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6, Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible Zip Country □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WAGONSELLER, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 82 2613 26TH COURT JUPITER FL 33477 83 85 Zip Code 84 City 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 Section 607 1505, Florida Statutes. SIGNATURE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 12. ☐ Addition □ DELETE 1.1 TITLE ☐ Change TITLE PST WAGONSELLER, RICHARD J. 1.2 NAME NAME 2613 26TH CT. 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE тше 2.1 TTLE MEYER, FREDRICK J. 2.2 NAME NAME 831 ROXBURGH AUE. EASTLANSING, MICH 48822 2.3 STREET ADDRESS STREET ADDRESS 342 HAMMOCK PINE BLVD **CLEARWATER FL-33761** CITY-ST-ZIP 2.4 CITY-ST-ZIF □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZÎP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

SIGNATURE:

CR2E034 (11/98)