FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

555112 DOCUMENT #
1. Corporation Name

(2)

LAND ASSOCIATES, INC.



D. S.	J.D. minnes	Mailing Address			<u></u>				
Principal Place o 2653 MCCORN CLEARWATER		2653 MCCORMICK DRIVE CLEARWATER FL 34619-8041							
						3. Date Incorporated or Qualified 12/12/1977		ate of Last R 02/16/19	95
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. FEI Number Applied For 59-1880811 Not Applicable				
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		Adde	May Be d to Fees	
Zip Country 25		Zip Cour 29 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			199.032,
<u>[4]</u>	9. Name and Address of Curren	4 4		[10. Name and Address of New I	Register	d Agent	
	<u> </u>			81	Name				
	ENNETH L CCORMICK DRIVE				Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	ATER FL 34619			83					
OLL: U1.				84	City		F	85 Z	ip Code
		J COZ 4500 Florido State	doc the ob	1	panyod poroo	ration submits this statement for the pu and of directors. I hereby accept the ap	mose of	changing its	registered office
SIGNATURE _		D DIRECTORS	13.			ed when reinstalling) ADDITIONS/CHANGES TO OF	DATI FICERS A		
THLE	DS COLOAN	☐ DELETE	1, 1 TI 1.2 NA						
NAME 1000500	KING, MARY SUSAN 2653 MCCORMICK DR				T ADDRESS				
STREET ADDRESS	CLEARWATER FL				ST-ZIP				
CITY-ST-ZIP TITLE	PD	G, KENNETH L. 2.1		2. 1 TITLE 2.2 NAME				Change	Addition
NAME	KING, KENNETH L.								
STREET ADDRESS	2653 MCCORMICK DRIVE		23	23 STREFT ADDRESS					
CITY-ST-ZIP	CLEARWATER FL	FT DOLETO			ST-ZIP			☐ Change	Addition
TITLE		DELETE		TITLE NAME	1			LJ 9-	
NAME					ET ADDRESS				
STREET ADDRESS					-ST-ZP				
CITY - S1 - ZIP TITLE		DELEJE		TITLE				Change	e Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREE	ET ADDRESS				
CITY-ST-ZIP				~	- ST - ZIP			Change	e 🗍 Addition
TITLE	}	☐ DELETE		TITLE				LJ Gualla	- 🗀 👊
NAME				NAMI	ET ADDRESS				
STREET ADDRESS					-SI-ZiP				
CITY-ST-ZIP		DELETE		TITL				Chang	e 🔲 Addition
TITLE NAME				NAM					
STREET ADDRESS			6.3	STRE	ET ADDRESS				
			6.4	CHTY	- ST - ZIP		40.07/0/2	a Flasida Po-	dutan Léveba-
da I do borot	by cortify that the information supplier	Lwith this filing is voluntarily f	furnished an	d do	es not qualify	y for the exemption stated in Section 1	19.07(3)(k), Florida Sta	itutes. I turtner

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. 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 unde 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.

SWANDER AND TYPED OR FRINTED NAME OF FIGNING DEPCER OR DIRECTOR

Daylor & France & Daylor & D