FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

-1 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **559750** **(5)**

1. Corporate Name

LANDFORMING, INCORPORATED

Principal Place of Business

701 ANCHORS ST
FORT WALTON BCH FL 32548-3968

Mailing Address

701 ANCHORS ST
FORT WALTON BCH FL 32548-3968

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1978**

3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-1798472** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 County — 25 Zip — 29 County — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SMITH, DAVID L.
7 SLEEPY HOLLOW
MASRY ESTHER FL 32569

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: [signature] 4-26-95

(If changing Registered Agent, Registered Agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	VDS	1.1 TITLE	☐ Change ☐ Addition
12 NAME	SMITH, GEORGE R	1.2 NAME	
13 STREET ADDRESS	11 SLEEPY HOLLOW	1.3 STREET ADDRESS	
14 CITY ST ZIP	MARY ESTHER FL	1.4 CITY ST ZIP	
21 TITLE	PDT	2.1 TITLE	☐ Change ☐ Addition
22 NAME	SMITH, DAVID	2.2 NAME	
23 STREET ADDRESS	7 SLEEPY HOLLOW	2.3 STREET ADDRESS	
24 CITY ST ZIP	MARY ESTHER FL	2.4 CITY ST ZIP	
31 TITLE		3.1 TITLE	☐ Change ☐ Addition
32 NAME		3.2 NAME	
33 STREET ADDRESS		3.3 STREET ADDRESS	
34 CITY ST ZIP		3.4 CITY ST ZIP	
41 TITLE		4.1 TITLE	☐ Change ☐ Addition
42 NAME		4.2 NAME	
43 STREET ADDRESS		4.3 STREET ADDRESS	
44 CITY ST ZIP		4.4 CITY ST ZIP	
51 TITLE		5.1 TITLE	☐ Change ☐ Addition
52 NAME		5.2 NAME	
53 STREET ADDRESS		5.3 STREET ADDRESS	
54 CITY ST ZIP		5.4 CITY ST ZIP	
61 TITLE		6.1 TITLE	☐ Change ☐ Addition
62 NAME		6.2 NAME	
63 STREET ADDRESS		6.3 STREET ADDRESS	
64 CITY ST ZIP		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)(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 1, 2, or [illegible] above, or on an attachment with an address.

SIGNATURE: [signature] David Smith 4-26-95 (904)-585-6317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0380031 CP