

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 # 562412 (7)

1. Corporation Name

THE LANDMARKS GROUP SERVICES CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

5 CONCOURSE PKWY  
STE 2000  
ATLANTA GA 30328-5369  
US

5 CONCOURSE PKWY  
STE 2000  
ATLANTA GA 30328-5369  
US

2. Principal Place of Business

2a. Mailing Address

21 121 W. Trade St.

26 121 W. Trade St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1900, AHN's Legal Dept.

27 Suite 1900 AHN's Legal Dept.

City & State

City & State

23 Charlotte NC

28 Charlotte NC

Zip

Zip

Country

Country

24 28202

25 Mecklenburg

29 28202

30 Mecklenburg

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/20/1978

3a. Date of Last Report  
09/21/1995

4. FEI Number

59-1326931

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when retiring)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS                   | CITY-STATE-ZIP     | DELETE                   |
|-------|--------------------|----------------------------------|--------------------|--------------------------|
| CD    | FAISON, HENRY J    | 121 W. TRADE STREET, STE. 1900   | CHARLOTTE NC 28202 | <input type="checkbox"/> |
| PD    | NORWOOD, PHILIP W  | 121 W. TRADE STREET, STE. 1900   | CHARLOTTE NC 28202 | <input type="checkbox"/> |
| VD    | LIPTAK, ROBERT W   | 121 W. TRADE STREET, STE. 1900   | CHARLOTTE NC 28202 | <input type="checkbox"/> |
| VTS   | WHITAKER, BILLIE R | 121 W. TRADE STREET, STE. 1900   | CHARLOTTE NC 28202 | <input type="checkbox"/> |
| AS    | SPEED, ELIZABETH   | 121 W. TRADE STREET, STE. 1900   | CHARLOTTE NC 28202 | <input type="checkbox"/> |
| AS    | HAGGERTY, JOHN     | 225 E. ROBINSON STREET, STE. 500 | ORLANDO FL 32801   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-STATE-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|--------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-STATE-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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:

*Elizabeth M. Speed*

ELIZABETH M. SPEED

2/28/96

704 331 2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)