## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 601817

1. Corporation Name

LANDIS, GRAHAM, FRENCH, HUSFELD, SHERMAN AND FOR D. PROFESSIONAL ASSOCIATION

Principal, Place	e of Business	Mailing Address						
145 EAST RICH	AVE.	145 EAST RICH AVE.						
P O BOX 48		P O BOX 48			BO NOT WE	NTE IN THIS	00405	
DELAND FL 327	721-7048	DELAND FL 32721-7048			DO NOT WR		SPACE	
:					3. Date Incorporated or Qualifed	1		
F					12/26/1969			<del></del>
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		— <del>— —</del>	oplied For
21		26			59-1284890			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certificate of Status Desired	· `□	7 -	Additional
22		27					ree Re	equired
City & State	e	City & State			6. Election Campaign Financing	' _		May Be
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year Inta		
24	25	29 . 30	<u></u>		Personal Property Tax.		Yes	⊠No
;	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New	Registered a	Agent	•
,			81 N	ame				
1	RMAN, WILLIAM E		82 S	troot Addre	ess (P.O. Box Number is Not Accep	ntable)		
145 EAST RICH AVENUE				iicot Addit	COS (F.C. BOX Mannes) to Free House	,		
DELA	AND FL 32724		83					
'							Jar Zin	Code
į			84 C	ity		FL	85   Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statutes.	the above-na	med corpo	pration submits this statement for th	e purpose of	changing its	registered
Afficia or r	existered agent or both in the State	of Florida, Such change was auth	orized by the	corporatio	n's board of directors. I hereby acco	ept the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes.					
SIGNATURE								
SIGNATURE		at and title if anningable (NOTE: Do	nietered Anent sint	nature required	t when reinstating)	DATE		\
	Signature, typed or printed name of registered ager			nature required	when reinstating)  ADDITIONS/CHANGES TO O		ID DIRECTO	ORS IN 12
12.		nt and title if applicable. (NOTE: Re ND DIRECTORS	13.	nature required	when reinstating) ADDITIONS/CHANGES TO O		ID DIRECTO	DRS IN 12
12.	OFFICERS AN	ID DIRECTORS	13. 1.1 TITLE	nature required				
12. TITLE NAME	P WILLIAM E. SHERMAN	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME					
12. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	P WILLIAM E. SHERMAN 145 EAST RICH AVENUE	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD	PRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM E. SHERMAN 145 EAST RICH AVENUE DELAND FL	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP	PRESS			Change	☐ Addition
12. ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	P WILLIAM E. SHERMAN 145 EAST RICH AVENUE DELAND FL V	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE	PRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM E. SHERMAN 145 EAST RICH AVENUE DELAND FL V DYKES, JOE G. JR.	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PRESS			Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P WILLIAM E. SHERMAN 145 EAST RICH AVENUE DELAND FL V DYKES, JOE G. JR. 145 E RICH AVENUE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADD 1.4 CITY-\$T-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADD	PRESS			Change	☐ Addition
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CITY-ST-ZIP 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIF

STREET ADDRESS

TITLE

Joe G.) Dykes, SIGNATURE AND TYPED OR P

DELETE

904-734-3451

Change

Addition

**FILED** Mar 04, 1999 8:00 am

**Secretary of State** 

03-04-1999 90083 049 \*\*\*150.00