

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:52

DOCUMENT # 751633 (9)

1. Corporation Name

ORLANDO LANDMARKS DEFENSE, INC.

Principal Place of Business

P.O. BOX 4121
ORLANDO FL 32802

Mailing Address

P.O. BOX 4121
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1980

3a. Date of Last Report

04/01/1994

4. FEI Number

59-1983370

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACNAMARA, SUE
1623 E WASHINGTON ST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

Kenneth R. Uncepher

82 Street Address (P.O. Box Number is Not Acceptable)

213 W. Comstock Ave.

83

84 City

Winter Park

FL

85 Zip Code
32789

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

Kenneth R. Uncepher Kenneth R. Uncepher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/19/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAMPY, PHIL
STREET ADDRESS	P O BOX 2214 N/A
CITY-ST-ZIP	ORLANDO FL
TITLE	VO
NAME	ARTHUR, HOLLY
STREET ADDRESS	4692 POSADA
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	MACNAMARA, SUE
STREET ADDRESS	1623 EAST WASHINGTON ST
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	BAZZO, RICHARD A.
STREET ADDRESS	2316 RIDGE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	BRENNER, ALANA
STREET ADDRESS	1330 RADGLYFFE ROAD
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	LOGSDON, DONNA
STREET ADDRESS	1840 BISCAYNE DRIVE
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Richard Bazzo	
1.3 STREET ADDRESS	2316 Ridge Avenue	
1.4 CITY-ST-ZIP	Orlando FL 32803	
2.1 TITLE	Nancy Granger	☒ Change ☐ Addition
2.2 NAME	J D	
2.3 STREET ADDRESS	926 Malone Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32806	
3.1 TITLE		☐ Change ☒ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	32803	
4.1 TITLE		☐ Change ☒ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	32803	
5.1 TITLE		☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	32804	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Sheila Hill	
6.3 STREET ADDRESS	216 Concord Street	
6.4 CITY-ST-ZIP	Orlando FL 32801	

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alana C. Brenner ALANA C. BRENNER 1/19/95 407-841-8310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone