

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified
03/20/1980

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

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

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNCAPHER, KENNETH R.
213 W. COMSTOCK AVE
WINTER PARK FL 32789

81 Name

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

537 North Magnolia Avenue

83

84 City

Orlando

FL

85 Zip Code

32806

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAMPY, PHIL
STREET ADDRESS P O BOX 2214 N/A
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE P.O.
1.2 NAME Rick Funder
1.3 STREET ADDRESS 2500 E. Anderson St.
1.4 CITY-ST-ZIP Orlando, FL 32803

☐ Change ☒ Addition

TITLE VD
NAME GRANGER, NANCY
STREET ADDRESS 926 MALONE DRIVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MACNAMARA, SUE
STREET ADDRESS 1623 EAST WASHINGTON ST
CITY-ST-ZIP ORLANDO FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BAZZO, RICHARD A.
STREET ADDRESS 2316 RIDGE AVENUE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

4.1 TITLE D
4.2 NAME Richard A. Bazzo
4.3 STREET ADDRESS 2316 Ridge Avenue
4.4 CITY-ST-ZIP Orlando, FL

☒ Change ☐ Addition

TITLE D
NAME BRENNER, ALANA
STREET ADDRESS 1330 RADGLYFFE ROAD
CITY-ST-ZIP ORLANDO FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HILL, SHEILA
STREET ADDRESS 216 E. CONCORD STREET
CITY-ST-ZIP ORLANDO FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)