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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 MAR 20 PM 2:20

DOCUMENT # **837013** **(2)**

1. Corporation Name
LANDS INCORPORATED OF RHINELANDER

Principal Place of Business	Mailing Address
5211 S. CASTLE LAKE AVE. FLORAL CITY FL 34436-2107 US	5211 S. CASTLE LAKE AVE. FLORAL CITY FL 34436-2107 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/14/1976
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 39-1173030 ☐ 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

GALVIN, FLORENCE B.
5211 SO CASTLE LAKE AVE
FLORAL CITY FL 34436

10. Name and Address of New Registered Agent

81 Name: FOX, FLORENCE B. (re-married)
82 Street Address (P.O. Box Number is Not Acceptable): Same
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: Florence B. Fox - Pres. Treas — DATE: 3/23/95
Signature, Typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	11 TITLE	P/T	☒ Change ☐ Addition
NAME	GALVIN, FLORENCE B.	12 NAME	Fox, Florence B.	
STREET ADDRESS	5211 S. CASTLE LAKE AVE.	13 STREET ADDRESS	5211 So Castle Lake Ave	
CITY-ST-ZIP	FLORAL CITY FL	14 CITY-ST-ZIP	Floral City, Fl	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	GALVIN, FLORENCE B.	22 NAME	Fox, Florence B.	
STREET ADDRESS	5211 S. CASTLE LAKE AVE.	23 STREET ADDRESS	5211 So Castle Lake Ave	
CITY ST ZIP	FLORAL CITY FL	24 CITY-ST-ZIP	Floral City, Fl	
TITLE	SD	31 TITLE	S/D	☒ Change ☐ Addition
NAME	GALVIN, LESTER M.	32 NAME	Miller, Robert G.	
STREET ADDRESS	5211 S. CASTLE LAKE AVE.	33 STREET ADDRESS	412 Highland	
CITY ST ZIP	FLORAL CITY FL	34 CITY-ST ZIP	West Chicago, Ill.	
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	MILLER, ROBERT G	42 NAME		
STREET ADDRESS	412 HIGHLAND	43 STREET ADDRESS		
CITY ST ZIP	W CHICAGO IL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Florence B. Fox — Florence B. Fox, Pres/Treas — March 11, '95 — (904) 726-7054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0456000 FP