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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837013

(2)

LANDS INCORPORATED OF RHINELANDER

Principal Place	e of Business	Mailing Address			,				
5126 SO GALVIN TR FLORAL CITY FL 34436-2107 US		5126 SO GALVIN TR	5126 SO GALVIN TR FLORAL CITY FL 34436-2110						
						3. Date Incorporated or Qualified 09/14/1976		ate of Last Re 22/1996	eport
2. Principal Place of Business 2a, Mailing Addre			rss			4. FEI Number		Ap	plied For
21		26				39-1173030			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·-1			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	- 1			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Z _I p	Cou	ntry		8. This corporation has liability for	r intangible	tax under s.	
24]	9. Name and Address of Curi		301		***************************************	10. Name and Address of New R			
FOX	, FLORENCE B.			81	Name			_ 	
5126 SO GALVIN TR.					<u> </u>			<u></u>	
FLORAL CITY FL 34436				82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		····
				0.5					
			l		City		FL		Code
office or ti	eaistered agent, or both, in the Sta	502 and 607 1508, Florida Statute ate of Florida. Such change was a ligations of, Section 607,0505, Flo	uthorized	d by 1	named corpo the corporation	oration submits this statement for the on's board of directors. I hereby according to the control of the contro	purpose of opt the app	f changing its xointment as	s registered registered
-8	птаныагуян, али ассерт ше ор	ingations of, Section 697,0303, Alo	itia Stat	utes					
SIGNATURE	Signature, typed or printed name or registered	agent and title if applicable. (NOTE	: Registered	d Agent	signature require	d when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		***************************************	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 12
TITLE	PT	DELETE	1.1 7/1	īLĒ				Change	Addition
NAME	FOX, FLORENCE B.		1.2 NA	AME					-
STREET ADDRESS	5126 SO GALVIN TR.		1357	REET A	DDRESS				i
CITY - ST - ZIP	FLORAL CITY FL		1.4 CITY-ST-ZIP		ZIP				
TITLE	D	DELETE	2 1 TH	TLE				Change	Addition
NAME	FOX, FLORENCE B.		22 NAME						
STREET ADDRESS	5126 SO GALVIN TR		2 3 ST	REET A	DDRESS	·			
CiTY - ST - ZIP	FLORAL CITY FL		2 4 0	iTY-ST	- ZIP				
TITLE	SD	DELETE	3.1 TH				***************************************	Change	Addition
NAME	MILLER, ROBERT G.		3.2 NA	AME					
STREET ADDRESS	412 HIGHLAND		3.3 ST	IREET A	DDRESS				}
CITY-ST-7IP	WEST CHICAGO IL		3.4. CI	ITY-ST	- ZIP				
TITLE	VSD	☐ DELETE	4.1 1(1	TLE				Change	Addition
NAME	MILLER, ROBERT G		4. 2 N	AME					
STREET ADDRESS	412 HIGHLAND		4.3 ST	REET A	DDRESS				-
CITY-ST-7IP	W CHICAGO IL		4.4 CITY-ST		. ZIP				
TITLE		DELETE	51 TITLE					☐ Change	Addition
NAME			5 2 NA	4ME					
STREET ADDRESS			5 3 ST	TREET A	ODRESS				
CITY-ST-ZiP			5 4 CI	TY-\$T-	ZIP				
TTLE		DELETE	6.1 Ti	TLE				Change	Addition
NAME			6.2 NA	AME		•			
STREET ADDRESS			6.3 \$1	IREET A	DDRESS				-
CITY OF THE			64.00	TY-ST	. 710				ĺ

14. I do 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 chapted, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10 1997 (352) 726-7054

FILED

Jan 17 1997 8:00am

Secretary of State