

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90009 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **F39588**

1. Corporation Name

LANDEVER PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~838 CORBIN GAINES RD~~
DEFUNIAK SPRINGS FL 32433-0701

PO BOX 701
DEFUNIAK SPRINGS FL 32433-0701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1981

4. FEI Number

59-2097105

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 195 Bob Sikes Rd

26 Suite, Apt. #, etc.

22 803F

27 Suite, Apt. #, etc.

23 Defuniak Springs FL

28 City & State

24 32433 25 USA

29 30 Country

9. Name and Address of Current Registered Agent

ROSEN, JERALD
~~838 CORBIN GAINES RD~~
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name Rosen, Jerald
82 Street Address (P.O. Box Number is Not Acceptable)
195 Bob Sikes Rd - P.O. Box 701
83
84 Defuniak Springs FL 85 32433

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
NAME **ROSEN, JERALD**
STREET ADDRESS **838 CORBIN GAINES RD, PO BOX 701**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433-0701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition
1.2 NAME **Rosen, Jerald**
1.3 STREET ADDRESS **195 Bob Sikes Rd, P.O. Box 701**
1.4 CITY-ST-ZIP **Defuniak Springs, FL 32433**

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: **Jerald Rosen, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 (407) 682-2290
Date Daytime Phone #

CR2E034 (11/98)