DOCUMENT # F39588				FILED Jan 30, 2001 8:00 am		
1. Entity Name LANDEVER PROPERTIES, INC.				Secretary of State 01-30-2001 90074 040 ***150.00		
Principal Place of Business	Mailing Address					
S BOB SIKES RD.						
03 5 EFUNIAK Springg-FL 02409-070t	Defuniak-springs-fl-			70	7312	
2. Principal)Place of Business	3. Mailing Address					
571 Keuchleatlane	Jame	Jame_			I BIBII BIBII BIBII BIBII BIBII IBBI	
Suite, Apt. #, etc. U	Suite, Apt. #, etc.			DO NOT WRITE IN TH	HIS SPACE	
Mary Esther, H	City & State		4.	FEI Number 59-2097105	Applied For Not Applicabl	
305/0G Praimsa.	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Curre	ent Registered Agent			Name and Address of New Register	Fee Required	
Rosen, Jerald 195 Bob Sikes Rd. P.O. Box 701 Defuniak springs FL 32433		Street Ad	$\frac{1}{2}$	d Koslon fr Box Number is Not Acceptation Nough heaf Lan	EL 2000	
BIGNATURE Signature yped or printed name of revisitered age This corporation is eligible to satisfy its intangit Tax filing redui ement and elects to do so.	ent and title if applicable.	TE: Registered Agent signature 111 FEE IS \$150.00 001 Fee will be \$55		reinstating) DA 10. Election Campaign Financing	\$ 5.00 May Be	
(See criteria on back)		ble to Department	of State	Trust Fund Contribution.	Added to Fees	
TLE PSD	Delete	TITLE	tira	Id U. Rosen	Change Change Addition	
AME ROSEN, JERALD IREET ADDRESS 195 BOB SIKES RD. P.O. BO DEFUNIAK SPRINGS FL 32433	X 701	NAME STREET ADDRESS CITY - ST - ZIP	90La 571	Lengh Leaf L		
	Delete	TITLE	ma	ry Estur, Or	$\frac{36569}{1000}$	
REET ADDRESS	. .	NAME Street Adoress		v		
IE	"	CITY-ST-ZIP		* <u>* </u> .		
ILE IME IREET ADDRESS TY-ST-ZIP	🗖 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🔲 Change 🛛 Addition	
TLE	Delete	TITLE			Change 🗌 Addition	
IME REET ADDRESS IY-ST-ZIP		NAME STREET ADDRESS CITY - ST - ZIP				
		TITLE		···	Change Addition	
ME REET ADDRESS Y-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP				
LE ME REET ADDRESS 'Y-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	······		Change Addition	
 I hereby certify that the information supplied wi indicated on this report or supplemental report 				119.07(3)(i), Florida Statutes. I further o legal effect as if made under oath; that ida Statutes; and that my name appear		