

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**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 JUN - 8 AM 10: 20

DOCUMENT # F63345

(5)

1. Corporation Name

SOUTHERN LANDMARK, INC.

Principal Place of Business

Mailing Address

**2055 WOOD STREET STE 116
SARASOTA FL 34237**

**2055 WOOD STREET STE 116
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1982

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 2055 WOOD STREET

26 2055 WOOD STREET

4. FEI Number

59-2153173

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #110

27 STE 110

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 34237

25

29 34237

30

6. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NORTON GURLEY & HAMMERSLEY P.A.
1819 MAIN STREET, SUITE 610
SARASOTA FL 34236**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

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

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
REILING, CALVIN E.
2055 WOOD ST., #116
SARASOTA FL 34237**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☒ Change ☐ Addition
**2055 WOOD STREET, STE #110,
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☒ Addition
**VICE-PRESIDENT
WILLIAM C. MINTON
2055 WOOD STREET, Suite 110
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on appointment with an address.

SIGNATURE:

CALVIN E. REILING, PRESIDENT

06/03/95

941-355-9727

Date

Telephone Area #