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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000172 (8)

1. Corporation Name
LANDDESIGN, INC.

Principal Place of Business	Mailing Address
1701 EAST BLVD CHARLOTTE NC 28220-1938	P.O. BOX 11939 CHARLOTTE NC 28220-1938

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 56-1304246 ☐ 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

KUHLMAN, KEITH
3816 WEST LINEBAUCH AVENUE
SUITE 400
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
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	1.1 TITLE	☐ Change ☐ Addition
NAME	BEST, LARRY W	1.2 NAME	
STREET ADDRESS	YOUNGS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHERN PINES NC 28237	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BRADLEY W	2.2 NAME	
STREET ADDRESS	2720 PICARDY PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28209	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	CROWLEY, PETER R	3.2 NAME	
STREET ADDRESS	414 PRINCE ST	3.3 STREET ADDRESS	115 West Nelson Avenue
CITY-ST-ZIP	ALEXANDRIA VA	3.4 CITY-ST-ZIP	Alexandria, VA 22314
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KISER, DWIGHT	4.2 NAME	
STREET ADDRESS	1816 BAY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	SCHWEITZER, EDWARD	5.2 NAME	
STREET ADDRESS	7220 FOX HUNT ROAD	5.3 STREET ADDRESS	5227 Cressingham Court
CITY-ST-ZIP	CHARLOTTE NC 28212	5.4 CITY-ST-ZIP	Charlotte, NC 28227
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	Stephen M. Jordan	6.2 NAME	
STREET ADDRESS	8 West Wyatt Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Alexandria, VA 22301	6.4 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 added by attachment with an address.

SIGNATURE: [signature] President 1/20/95
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306100 FP