

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000172 (8)

1. Corporation Name

LANDDESIGN, INC.



Principal Place of Business

1701 EAST BLVD
CHARLOTTE NC 28220-1938

Mailing Address

P.O. BOX 11938
CHARLOTTE NC 28220-1938

3. Date Incorporated or Qualified

11/09/1992

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

28203

25

29

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

10. Name and Address of New Registered Agent

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

new Address
7775 Harbour
Island Blvd.
Suite 950
Tampa FL 33602

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

(Signature of type of person required as registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETE

NAME BEST, LARRY W
STREET ADDRESS YOUNGS ROAD
CITY- ST- ZIP SOUTHERN PINES NC 28237

TITLE VS ☐ DELETE

NAME DAVIS, BRADLEY W
STREET ADDRESS 2720 PICARDY PLACE
CITY- ST- ZIP CHARLOTTE NC 28209

TITLE V ☐ DELETE

NAME CROWLEY, PETER R
STREET ADDRESS 155 WEST NELSON AVENUE
CITY- ST- ZIP ALEXANDRIA VA

TITLE V ☐ DELETE

NAME KISER, DWIGHT
STREET ADDRESS 1816 BAY ST
CITY- ST- ZIP CHARLOTTE NC

TITLE V ☐ DELETE

NAME SCHWEITZER, EDWARD
STREET ADDRESS 5227 CRESSINGHAM COURT
CITY- ST- ZIP CHARLOTTE NC

TITLE V ☐ DELETE

NAME JORDAN, STEPHEN M
STREET ADDRESS 8 WEST WYATT AVE
CITY- ST- ZIP ALEXANDRIA VA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if applicable, or on an attachment with an address.

SIGNATURE:

(Signature of type of person required as registered agent and fee if applicable)

LARRY W. Best

Date

2/14/96

Daytime Phone #

(704) 333-0325

CR2E034 (12/95)