

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90156 031 ***308.75

0484745

DOCUMENT # F95000004316

1. Corporation Name
LANDAMERICA, INC.



Principal Place of Business
C/O JOHN BARRINGTON, ESO.
248-N WALNUT
WOOSTER OH 44691
322 WEST LIBERTY

Mailing Address
P O BOX 7838
248-N WALNUT
SARASOTA FL 34278
US
Box 7838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 322 WEST LIBERTY	26 P.O. BOX 7838	09/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 WOOSTER OH	27 SARASOTA FL	34-6619869
City & State	City & State	Applied For
23 44691	28 34278	Not Applicable
Zip	Zip	5. Certificate of Status Desired
Country USA	Country USA	X \$8.75 Additional Fee Required
24	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		\$5.00 May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, WILLIS
4330 OAK VIEW DR
SARASOTA FL 34232

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCPV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIS		1.2 NAME	
STREET ADDRESS	4330 OAK VIEW DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		1.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WILLIS		2.2 NAME	
STREET ADDRESS	4330 OAK VIEW DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		2.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATIE		3.2 NAME	
STREET ADDRESS	4330 OAK VIEW DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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:

SIGNATURE: REQUIRED WILLIS MILLER
3-25-99

Date

Daytime Phone #

CR2E034 (11/98)