

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 PM 7:11

DOCUMENT # G12584

(0)

1. Corporation Name

LANDEX BEACH REALTY, INC.

Principal Place of Business

Mailing Address

HARRY C. POWELL, JR.
1100 W. HOMESTEAD ROAD #D
LEHIGH ACRES FL 33936

HARRY C. POWELL, JR.
1100 W. HOMESTEAD ROAD #D
LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/09/1982

3a. Date of Last Report

03/07/1994

4. FEI Number

59-2241424

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

2. Principal Place of Business

2a. Mailing Address

21 1100 Homestead Rd N

26 1100 Homestead Rd N

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

City & State

23 Lehigh Acres, FL

28 Lehigh Acres, FL

Zip

Country

Zip

Country

24 33936

25 Lee

29 33936

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, HARRY C., JR.
1100 W. HOMESTEAD ROAD #D
LEHIGH ACRES FL 33936

81 Name

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

83

84 City Lehigh Acres

FL

85 Zip Code 33936

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

NOT: Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

ANGLICKIS, RUTH

STREET ADDRESS

1100 W HOMESTEAD RD #D

CITY, ST, ZIP

LEHIGH ACRES, FL 00000

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

1100 Homestead Rd N

Lehigh Acres, FL 33936

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

1100 Homestead Rd N

Lehigh Acres, FL 33936

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

1100 Homestead Rd N

Lehigh Acres, FL 33936

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/95