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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **G24908** 1. Corporation Name

LANDER BIDGE INC

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90041 022 ***150.00

LAUNEL	nibge, inc.								E1811 21811 / B81
			· ·						
Principal Place	e of Business	Ма	iling Address						
2000 DUNE CIRCLE			2000 DUNE CIRCLE						
NEW SMYRNA BCH FL 32169-2022 NEW SMYRNA BCH FL 32			V SMYRNA BCH FL 3216	9-2022			DO NOT WRITE IN THIS S	DACE	
							3. Date Incorporated or Qualifed	FACE	
							02/21/1983		ľ
O Dain air al D	None of Duringer	1 2-	Mailing Address				4. FEI Number		pplied For
· '	Place of Business	—	Maining Address				59-2256538	\leftarrow	ot Applicable
Suite, Apt.	# etc	26	Suite, Apt. #, etc.						Additional
	#, 6tc.	- 27			-		. 5. Certifcate of Status Desired		equired
City & Stat	te .	21	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28	,				Trust Fund Contribution		to Fees
Zip	Country	1-21	Zip Country				8. This corporation owes the current year Intangible		
24	25 29 30			30	Personal Property Tax.		□No		
	9. Name and Address of Curre					•	10. Name and Address of New Registered A	gent	
					81	Name			
	BRY, WALTER, JR.				0.7	C+	ess (P.O. Box Number is Not Acceptable)		
2000 DUNE CIRCLE					82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
NEW	/ SMYRNA BEACH FL		· ·		83				
								T I	
					84	City	FL	85 Zip	Code
44 Dureugnt	to the provisions of Sections 607 05	02 and 60	07 1508 Florida Statute	s the al	LI bove	-named corp	oration submits this statement for the purpose of cl	nanging it	s registered
office or r	registered agent, or both, in the Stati	e of Florid	a. Such change was au	ıtnorized	ועסו	tne corporatio	on's board of directors. I hereby accept the appoint	ment as r	egistered
agent. I a	im familiar with, and accept the oblig	jations of,	Section 607.0505, Flor	ida Statt	nes.				
SIGNATURE	Signature, typed or printed name of registered ag	ani and little i	f annlicable (NOTE:	Registered	Agent	t signature requirer	d when reinstating) DATE		
12.	OFFICERS A			13.	Agu.	t angulation of the quality	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	DP CTTTOETTE		☐ DELETE	1.1 TI	LE_			Change	
NAME	MULBRY JR, WALTER			1.2 NA	ME	}			ì
STREET ADDRESS	ACCO DI INE CID					ADDRESS	·		Ì
·	NEW SMYRNA BCH, FL 0000	n		•	TY-57	1			}
CITY-ST-ZIP	D	<u> </u>	[] DELETE	2.1 TD				Change	☐ Addition
				2.2 NA					
NAME	ROSS, RICHARD C.					ADDRESS			[
STREET ADDRESS	101 VIA AMALFA NEW SMYRNA BEACH F <u>L - </u>		جانبان منتيبات	2.40			والمعاش بينجا	_ ,	
CITY-ST-ZIP	NEW SWITHING DEACH TE		☐ DELETE	3.1 TT		1-217		Change	Addition
	ĺ			3.2 NA					_
NAME						ADDRESS	***************************************		
STREET ADDRESS				2 2 2 2			ve [™]		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-428-4656

Daytime Phone #