


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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H03068 (4) 1. Corporation Name LANDERS-ATKINS PLANNERS, INC.			
Principal Place of Business 201 N.HOGAN ST.,#400 JACKSONVILLE FL 32202		Mailing Address 201 N.HOGAN ST.,#400 JACKSONVILLE FL 32202-4220	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/10/1984		3a. Date of Last Report 02/16/1996	
4. FEI Number 59-2384249		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KOEGLER, STEVEN C. 4655 SALISBURY ROAD, SUITE 390 JACKSONVILLE FL 32256		10. Name and Address of New Registered Agent 81 Name Koegler, Steven C. 82 Street Address (P.O. Box Number is Not Acceptable) 10151 Deerwood Park Boulevard 83 Building 100, Suite 200 84 City Jacksonville 85 Zip Code FL 32256	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP	DELETE	
NAME	LANDERS, HOWARD		
STREET ADDRESS	201 N.HOGAN ST.,#400		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	DVT	DELETE	
NAME	ATKINS, THOMAS		
STREET ADDRESS	201 N.HOGAN ST.,#400		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	D	DELETE	
NAME	SAXELBYE, POWELL,ROBERTS		
STREET ADDRESS	201 N.HOGAN ST.,#400		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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.			
SIGNATURE: Howard M. Landers, Pres. 1-27-97 (904)354-8066			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)