

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:33

DOCUMENT # **H60904** (0)
1. Corporation Name
LIGHTHOUSE LANDING, INC.

Principal Place of Business Mailing Address
115 INLET HARBOUR ROAD **115 INLET HARBOUR ROAD**
PONCE INLET FL 32127 **PONCE INLET FL 32127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/07/1985** 3a. Date of Last Report **02/01/1994**
4. FPI Number **59-2630302** 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. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent
MAXWELL, GENEVEVE
115 INLET HARBOUR ROAD
PONCE INLET FL 32127

10. Name and Address of New Registered Agent
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 officer 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 _____ DATE _____
Signature: Typed or printed name of registered agent and the filer/signatory. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS
TITLE **P**
NAME **MAXWELL, GENEVEVE**
STREET ADDRESS **115 INLET HARBOR RD**
CITY, ST, ZIP **PONCE INLET FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
NAME **P A. Maxwell**
12.1 STREET ADDRESS **115 Inlet Harbor Rd.**
14.1 CITY, ST, ZIP **Ponce Inlet FL 32127**

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 an agent, or an attachment with an address.

SIGNATURE:  **3-27-95** **904.761.4271**

SIGNATURE AND TYPE (PRINT) PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date Telephone Number