JUL. 28. 1999 8:43AM NO. 238 P. 5/5

PROFIT CORPORATION ANNUAL REPORT 2000

AMENDED

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

APPROVED AND FILED

00 NOV -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H74032

1. Corporation Name

LandSpec, Inc.

Principal Place of Business	Mailing Address
8201 River Ridge Blvd. New Port Richey, FL 34654	P.O. Box 909 New Port Richey, FL 34656

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1985

2. Principal Place of Business: 21 4044 Newport Drive	2a. Mailing Address: 26	4. FEI Number: 59-2773383	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 Suite 219	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 New Port Richey, FL	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 34652 Country: 25 USA	Zip: 29 Country: 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
William D. Paul II 8201 River Ridge Blvd. New Port Richey, FL 34654	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4044 Newport Drive, Suite 219 83 84 City: New Port Richey FL 85 Zip Code: 34652

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD William D. Paul II 3655 Keystone Road Tarpon Springs, FL 34689 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S William D. Paul II 3655 Keystone Road Tarpon Springs, FL 34689 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 300003490743---0 -12/08/00--01006--001
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Bonnilou Paul 3655 Keystone Road Tarpon Springs, FL 34689 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	*****63. ☐ Change ***** ☐ Addition 25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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: _____ 11/01/2000 727-845-5252 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William D. Paul II President