


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H77824 (1) 1. Corporation Name LANDERS & PARSONS, P.A.			
Principal Place of Business 310 W. COLLEGE AVENUE P.O. BOX 271 TALLAHASSEE FL 32302-0271		Mailing Address 310 W. COLLEGE AVENUE P.O. BOX 271 TALLAHASSEE FL 32302-0271	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent PARSONS, PHILIP S. 310 E. COLLEGE AVENUE TALLAHASSEE FL 32301			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD NAME LANDERS, JOSEPH W., JR. STREET ADDRESS 5009 BRILL PT RD CITY-ST-ZIP TALLAHASSEE FL TITLE SD NAME LAVIA, JOHN T III STREET ADDRESS 7030 ALHAMBRA DR CITY-ST-ZIP TALLAHASSEE FL TITLE VPD NAME WRIGHT, ROBERT SCHEFFE STREET ADDRESS 3686 DWIGHT DAVIS DR CITY-ST-ZIP TALLAHASSEE FL TITLE VPD NAME PARSONS, PHILIP S. STREET ADDRESS 2086 W. FOREST DR. CITY-ST-ZIP TALLAHASSEE FL TITLE VPD NAME BARTIN, CINDY L STREET ADDRESS 3727 THOMASVILLE RD CITY-ST-ZIP TALLAHASSEE FL TITLE VPD NAME DEE, DAVID S STREET ADDRESS 7010 DUCK COVE RD CITY-ST-ZIP TALLAHASSEE FL			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE TD 1.2 NAME MCCORMACK, FRED A. 1.3 STREET ADDRESS 3019 BROOKMONT DRIVE 1.4 CITY-ST-ZIP TALLAHASSEE, FL 32303 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1985	
4. FEI Number 59-2581204	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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.

SIGNATURE:

Philip S. Parsons, Pres.
SIGNATURE REQUIRED

1/16/98 (850) 681-0311

CR2E034 (10/97)