

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H77824

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1985

4. FEI Number

59-2581204

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARSONS, PHILIP S.
310 E. COLLEGE AVENUE
TALLAHASSEE FL 32301

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	LANDERS, JOSEPH W., JR.	1.2 NAME	FRED MCCORMACK
STREET ADDRESS	5009 BRILL PT RD	1.3 STREET ADDRESS	6075 MILLER LANDING COVE
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	SD	2.1 TITLE	
NAME	LAVIA, JOHN T III	2.2 NAME	
STREET ADDRESS	7030 ALHAMBRA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	WRIGHT, ROBERT SCHEFFE	3.2 NAME	
STREET ADDRESS	3686 DWIGHT DAVIS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	PARSONS, PHILIP S.	4.2 NAME	
STREET ADDRESS	2086 W. FOREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	
NAME	BARTIN, CINDY L	5.2 NAME	
STREET ADDRESS	3727 THOMASVILLE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	DEE, DAVID S	6.2 NAME	
STREET ADDRESS	7010 DUCK COVE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

Date

850-681-034

Daytime Phone #

CR2E034 (11/98)