FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H89885** **(8)**

1. Corporation Name
THE LAND PLANNING GROUP, INC.

Principal Place of Business	Mailing Address
2001 OLD US HIGHWAY 441 SUITE 1 MT. DORA FL 32757 US	2001 OLD US HIGHWAY 441 SUITE 1 MT. DORA FL 32757 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/13/1985**
3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2615433** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERS, GARY L.
380 WEST ALFRED STREET
TAVARES FL 32778

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 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	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	BEVLIVEAU, GREG A.	1.2 NAME	
STREET ADDRESS	~~498 JUDITH AVENUE~~	1.3 STREET ADDRESS	5130 Banana Point Dr.
CITY-ST-ZIP	~~FRUITLAND PARK FL~~	1.4 CITY-ST-ZIP	Okahumpa, FL 34762
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, STEPHEN R.	2.2 NAME	
STREET ADDRESS	15831 CHESTNUT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ADAMS, STEPHEN R.	3.2 NAME	
STREET ADDRESS	15831 CHESTNUT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, TIMOTHY	4.2 NAME	
STREET ADDRESS	809 NORTHSIDE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	COLE, BETTY	5.2 NAME	
STREET ADDRESS	2160 BENT OAK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: _____ STEPHEN R. ADAMS 4/17/95 (904) 383 1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043007 CP