

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H89885 (8)

1. Corporation Name
THE LAND PLANNING GROUP, INC.



Principal Place of Business 2001 OLD US HIGHWAY 441 SUITE 1 MT. DORA FL 32757 US	Mailing Address 2001 OLD US HIGHWAY 441 SUITE 1 MT. DORA FL 32757-3646 US
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3. Date Incorporated or Qualified 12/13/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2615433	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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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 _____
 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	<input type="checkbox"/> DELETE
NAME	BEVLEAU, GREG A.	
STREET ADDRESS	5130 BANANA POINT DRIVE	
CITY-ST-ZIP	OKAHUMPA FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	ADAMS, STEPHEN R.	
STREET ADDRESS	15831 CHESTNUT LANE	
CITY-ST-ZIP	TAVARES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ADAMS, STEPHEN R.	
STREET ADDRESS	15831 CHESTNUT LANE	
CITY-ST-ZIP	TAVARES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, TIMOTHY	
STREET ADDRESS	809 NORTHSIDE DR.	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLE, BETTY	
STREET ADDRESS	2160 BENT OAK DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Sandra B. Mortham **REQUIRED** Date: 4/18/97 (352) 383-4444 Daytime FT one #

CR2E034 (9/96)