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Secretary of State

03-11-1999 90130 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **H89885**

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 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 12/13/1985
 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 owes the current year Intangible Personal Property Tax: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BEVLIVEAU, GREG A.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5130 BANANA POINT DRIVE	1.2 NAME	
STREET ADDRESS	OKAHUMPA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VST ADAMS, STEPHEN R.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15831 CHESTNUT LANE	2.2 NAME	
STREET ADDRESS	TAVARES FL	2.3 STREET ADDRESS	2241 CYPRESS CT.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	D ADAMS, STEPHEN R.	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15831 CHESTNUT LANE	3.2 NAME	
STREET ADDRESS	TAVARES FL	3.3 STREET ADDRESS	2241 CYPRESS CT
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAVARES, FL 32778
TITLE	V GREEN, TIMOTHY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	809 NORTHSIDE DR.	4.2 NAME	
STREET ADDRESS	MOUNT DORA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V COLE, BETTY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2160 BENT OAK DR.	5.2 NAME	
STREET ADDRESS	APOPKA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Stephen R Adams **STEPHEN R ADAMS** 3/3/99 352 383 1444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)