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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J41613
LAND PLANNERS DEVELOPMENT, INC.

(7)

FILED May 06 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Addre	es						
11217 SAN JOSE BLVD JACKSONVILLE FL 32223 US		11217 SAN JOSE BLVD JACKSONVILLE FL 32223-7230 US							
						3. Date Incorporated or Qualified 11/03/1986	3a. Date 6	of Last R 1/1996	
	lace of Business	2a. Mailing Ad	Idress			4. FEI Number		Ar	oplied For
21		26				59-2741531 Not Applicable			
Suite, Apt. #, etc.		— 1	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State		City & Stat	0			& Fleeties Compaign Financing			-
23		28				Election Campaign Financing Trust Fund Contribution	П		May Be to Fees
Zip	Country	Zip		Country	 '	8. This corporation has liability for	intangible tax		
24	25	29	3	[0]			Yes 🔲		. 100 002,
	9. Name and Address of Currer					10. Name and Address of New Re	gistered Age	nt	
AR	NOLD, CHARLES W. JR.			81	Name				
1301 GULF LIFE DRIVE					Street	Address (P.O. Box Number is Not Acceptate	ole)		
	HTE 2440			82	Olicol /	Total Cost (1.0). Dox Harrison is Not Nobal Lat.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
JA	CKSONVILLE FL 32207			83					
				84	City		[35 Zip	Code
					'				
11. Pursuant t	to the provisions of Sections 607.050	02 and 607,1508, Flo	orida Statutes	s, the above	e-named	corporation submits this statement for the poration's board of directors. Thereby accept	ourpose of ch	anging it	ts registered
agent I a	m familiar with, and accept the oblig	ations of, Section 60	17.0505, Flori	da Statute	S.	volume source of an articles of this case, according	or the things		
SIGNATURE									
12.	Signature, typed or printed name of registered age	ent and title if applicable D DIRECTORS	(NOIL:	Registered Age	int signature	required when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE PEDG AND D	DECTO	20 IN 10
TITLE	D OFFICERS AN		DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFIC		Change	Addition
NAME	HUTSON, DAVID W.		DECETE	1.2 NAME				Ollango	Noonien
STREET ADDRESS	11217 SAN JOSE BLVD			1.8 STREET	YDDBCCC				
	JACKSONVILLE FL			1.4 DITY - S					
CITY-ST-ZIP TITLE	PD	П	DELETE	2.1 THLE	.1. 711			Change	Addition
NAME	HINSON, DONALD P.			2.2 NAME		•	<u>-</u>	Ů	
STREET ADDRESS	11217 SAN JOSE BLVD			2.8 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			2 4 CiTY -		•			
TITLE	8	X	DELFTE	3 1 717 LE		Secretary	ĺχ	Change	Addition
NAME	Kehoe, Sherry			3.2 NAME		Elinore C. Cox	••		
STREET ADDRESS	11217 SAN JOSE BLVD			3 3 STREET	ADDRESS	11217 San Jose Bou	levard		
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-1	S1 - 7IP	Jacksonville, Flor			
TITLE	VD		DELETE	41 TITLE				Change	Addition
NAME	HUTSON, NANCY			4 2 NAME					
STREET ADDRESS	11217 SAN JOSE BLVD			43 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			4 4 CITY - S	31 - ZIP				
TITLE			DELETE	51 TITLE				Change	Addition
NAME				52 NAME					
STREET ADDRESS				5 3 STREET	ADDRESS				
CITY-ST-ZIP			The Comment of	5 4 CITY - 9	1 - 7 P			1 01	——————————————————————————————————————
TITLE		LJ	DELETE	61 TITLE			L_	Change	Addition
NAME				62 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CHY-5	31 - ZIP			117 - 21	

Information indicated on this annual report or suppliermental annual report accurate and that my signature shall have the same logal effect as if made under early 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

Elinore C. Cox

4/28/97 904/262-7718