**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)**

PROFIT CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 JUL -3 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J54778** **(2)**

1. Corporation Name

**LANDMARK TECHNOLOGIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7777 BAYBERRY RD.<br>JACKSONVILLE FL 32256 | 7777 BAYBERRY RD.<br>JACKSONVILLE FL 32256 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/02/1987**
3a. Date of Last Report: **05/19/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: **59-2794183** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **NO** — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has solely for the purpose of [illegible] tax under s. 199.032, Florida Statutes ☐ Yes **X** No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TURNER, CLEATUS M.<br>4663 MONUMENT POINT CIR.<br>JACKSONVILLE FL | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 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 [illegible] DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES AND DELETIONS | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | TURNER, CLEATUS M. | 12 NAME | |
| STREET ADDRESS | 4663 MONUMENT POINT CIR | 13 STREET ADDRESS | |
| CITY ST ZIP | JACKSONVILLE FL | 14 CITY ST ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MCFADDEN, WALTER J. | 22 NAME | |
| STREET ADDRESS | 225 OCEAN SHORE BLVD. | 23 STREET ADDRESS | |
| CITY ST ZIP | ORMOND BEACH FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

CR2E034 (3/95)

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)(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:** Cleatus M. Turner — 6/23/95 — (904) 730-0321
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — (Area Code & Telephone Number)
CLEATUS M. TURNER (President/Director)

0004199 CP