

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 8/1/88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J81353 (1)

1. Corporation Name

LAND PLANNERS & ASSOCIATES, INC.

Principal Place of Business

75 NORTH CAUSEWAY
P.O. BOX 895
NEW SMYRNA BEACH FL 32170

Mailing Address

75 NORTH CAUSEWAY
P.O. BOX 895
NEW SMYRNA BEACH FL 32170

FILED

95 JUL 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/02/1987

3a. Date of Last Report

05/23/1994

4. FEI Number

58-2946020

☐ 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 c. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PETERSON, SID C. JR
418 CANAL ST.
NEW SMYRNA BEACH FL 32069

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 P
NAME WILLIAMS, DALE L.
STREET ADDRESS 75 N CAUSEWAY
CITY - ST - ZIP NEW SMYRNA BCH. FL

TITLE D
NAME WILLIAMS, DALE L.
STREET ADDRESS 148 BREEZEWAY CT
CITY - ST - ZIP NEW SMYRNA BCH. FL

TITLE S
NAME WILLIAMS, DALE L.
STREET ADDRESS 148 BREEZEWAY CT
CITY - ST - ZIP NEW SMYRNA BCH FL

TITLE VPT
NAME WILLIAMS, F. RAY
STREET ADDRESS 148 BREEZEWAY CT
CITY - ST - ZIP NEW SMYRNA BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

71 TITLE ☐ Change ☐ Addition

72 NAME

73 STREET ADDRESS

74 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 110.07(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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/95

Date

904-428-4349

Telephone Number