

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthorn
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



3. Date Incorporated or Qualified

07/02/1987

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of Registered Agent (Required when changing agent)

(Signature of Registered Agent is required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

TITLE VPT
NAME WILLIAMS, DALE L
STREET ADDRESS 148 BREEZEWAY COURT
CITY-STATE-ZIP NEW SMYRNA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96

Daytime Phone, #

CR2E034 (12/95)