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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J81353

(1)

LAND PLANNERS & ASSOCIATES, INC.

FILED									
Apr 08 1997 8:00am									
Secretary of State									

|--|

Principal Place of Business 75 NORTH CAUSEWAY P.O. BOX 895		Mailing Address				I IMBILIE BIBLIAND) FINDER EITET BELAND 194	I INDUITE BIOL INSULTATED START BLIAN THE BINIT BINIT ALBIT ALBIT ALBIT ALBIT ALBIT ALBIT ALBIT			
		75 NORTH CAUSEWAY P.O. BOX 895								
new Smyrna	BEACH FL 32170	new Smyrna bea	NEW SMYRNA BEACH FL 32170-0895			3. Date Incorporated or Qualified				
2. Principal l	Place of Business	28. Mailing Addres	is			4. FEI Number			oplied For	
21		26						ot Applicable		
Suite Apt	#, etc.	Suitc, Apt #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Co	ountry	,	8. This corporation has liability for	intangiole t	x under s	199.032,	
24	25	29	30				Yes 🗌			
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	···	
PET	TERSON, SID C. JR			81	Name					
418	CANAL ST.			82	Street	Address (P.O. Box Number is Not Accepta	ole)			
NE/	W SMYRNA BEACH FL 32069									
				83						
				84	City			85 Zip	Code	
				1	Oity		FL	ba zip	Code	
agent 1 SIGNATURE	registered agent, or both, in me state an familiar with, and accept the oblig	gations of, Section 607.05	505, Florida St	atutes	S.	poration's board of directors. I hereby acce e required when reinstating)	DATE	nunent as	iegistereu	
12.		ID DIRECTORS	13		it aignatur	ADDITIONS/CHANGES TO OFFI		DIRECTOR	3S IN 12	
"II([P	DELE		TITLE		1 1000000000000000000000000000000000000		Change	Addition	
NAV?	WILLIAMS, DALE L.			NAME			-	- *		
STREET ADDRESS	THE ALL PARTICULARY				ADDRESS					
CHEY ST-ZIP	NEW SMYRNA BCH. FL			CITY-S						
101. f	D	DELE		TITLE				Change	Addition	
NAME	WILLIAMS, DALE L.		1	NAME				_ •		
SUREL ADDRESS	148 BREEZEWAY CT				ADDRESS					
Off St. Zip	NEW SMYRNA BCH. FL			CITY-						
lilit	S	DELE		TITLE	5. 2		[Change	Addition	
NAME	WILLIAMS, DALE L.		3.2	NAME		· ·				
STREET ADDRESS	444 00000000000000000000000000000000000		3.3	STREET	ADDRESS					
CHY ST ZIP	NEW SMYRNA BCH FL		3.4	CITY-	ST-ZIP					
1 161	VPT	DELI		TITLE				Change	Addition	
NAME	WILLIAMS, DALE L		4.3	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CDY-S1 209	NEW SMYRNA BEACH FL		4.4	CITY - S	ST-ZIP		_			
MILE		☐ DELI		TITLE				Change	Addition	
NAME			5.2	NAME						
STEELT ALURESS			5.3	STREET	ADDRESS					
Cilly ST-7IP			5.4	CITY-5	31 - ZIP	<u> </u>				
TITLE		DELI	ETE 6.1	TITLE	**********			Change	Addition	
NAME			6.2	NAME						
STREE: ACORESS			6.3	STREET	ADDRESS					
City-St-2iP			6.4	CITY-S	ST - ZIP					

14. Lob 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 amount 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 Justice 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 attachmon with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/26/97

904-428-4349