


**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90062 050 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # K36628**

1. Corporation Name

**NC LANDMARK, INC.**

Principal Place of Business

**1243 LAKEVIEW RD.**  
**P O BOX 5147**  
**CLEARWATER FL 34618**

Mailing Address

**1243 LAKEVIEW RD.**  
**P O BOX 5147**  
**CLEARWATER FL 34618**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/05/1988**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City &amp; State

**23**

Zip Country

**24****33758****25**

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City &amp; State

**28**

Zip Country

**29****33758****30**

Country

4. FEI Number

**59-2910518**

Applied For

☐ Not Applicable5. 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 owes the current year Intangible

Personal Property Tax: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LECHNER, BERNARD J.**  
**1243 LAKEVIEW RD.**  
**CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**2115 Range Road**

83

84 City

**Clearwater****FL**

85 Zip Code

**33765**

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.

**Bernard J. Lechner**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-4-99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**PD**  
**BUCHMAN, JACOB M.**  
**914 ANCHORAGE ROAD**  
**TAMPA FL 33602**
TITLE ☐ DELETE
**STD**  
**WIGHTMAN, W. S.**  
**1243 LAKEVIEW RD.**  
**CLEARWATER FL 34616**
TITLE ☒ DELETE
**V**  
**JOSEPH, BONNIE**  
**1243 LAKEVIEW RD.**  
**CLEARWATER FL 34616**
TITLE ☐ DELETE
**W. S. WIGHTMAN JR.**  
**504 KYLIE LANE**  
**WAYNESVILLE, NC 28786**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**W. S. Wightman**

Date

**3-12-99**

Daytime Phone #

**850-526-5605**

CR2E034 (11/98)