

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K57649** (1)

1. Corporation Name

LAND-HO OF OAKLAND, INC.

Principal Place of Business

P.O. BOX 398
306 TUBBS ST
OAKLAND FL 34760-0398

Mailing Address

P.O. BOX 398
306 TUBBS ST
OAKLAND FL 34760-0398



3. Date Incorporated or Qualified

01/11/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **410 E. Henschen Ave.**

26 **410 E. Henschen Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Oakland, FL**

28 **Oakland, FL**

24 Zip

Country

29 Zip

Country

34760

USA

34760

USA

4. FEI Number

59-2933996

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARTSFIELD, WILLIAM N.
214 S. DILLARD ST.
WINTER GARDEN FL 34787**

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 filer (if filer is not agent)

(If filer is not registered agent, signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HARTSFIELD, WILLIAM N. | |
| STREET ADDRESS | 306 TUBBS ST | |
| CITY-ST-ZIP | OAKLAND FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BODIFORD, HOMER | |
| STREET ADDRESS | 315 TUBB ST | |
| CITY-ST-ZIP | OAKLAND FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | HARTSFIELD, JUDITH L. | |
| STREET ADDRESS | 214 S. DILLARD ST. | |
| CITY-ST-ZIP | WINTER GARDEN FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------------|--|
| 1. TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | Hartsfield, William N. | |
| 3. STREET ADDRESS | 410 E. Henschen Ave. | |
| 4. CITY-ST-ZIP | Oakland, FL. 34760 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Hartsfield, Sylvia E. | |
| 3.3 STREET ADDRESS | 410 E. Henschen Ave. | |
| 3.4 CITY-ST-ZIP | Oakland, FL. 34760 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 119.07(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 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 in an attachment with an address.

SIGNATURE:

William N. Hartsfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
DATE

654-1300
Outside Phone #

CR2E034 (12/95)