FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # K57649

1. Corporation Name
Land-Ho of Oakland, Inc.

Principal Place of Business
P.O. Box 398
410 E. Henschen Ave.
Oakland, Fl. 34760

Mailing Address
P.O. Box 398
410 E. Henschen Ave.
Oakland, Fl. 34760

3. Date Incorporated or Qualified: 1/11/1989
3a. Date of Last Report: 4/29/1996

2. Principal Place of Business
21 410 E. Henschen Ave.
22 Suite, Apt. #, etc. ---
23 City & State: Oakland, Fl
24 Zip: 34760
25 Country: USA

2a. Mailing Address
26 410 E. Henschen Ave.
27 Suite, Apt. #, etc. ---
28 City & State: Oakland, Fl
29 Zip: 34760
30 Country: 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

Hartsfield, William N.
91 Broad St.
Winter Garden, Fl. 34787

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Hartsfield, William N.	1.2 NAME	
STREET ADDRESS	410 E. Henschen Ave.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland, Fl. 34760	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Bodiford, Homer	2.2 NAME	
STREET ADDRESS	315 Tubb St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland, Fl. 34760	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Hartsfield, Sylvia E.	3.2 NAME	
STREET ADDRESS	410 E. Henschen Ave.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland, Fl. 34760	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/6/97

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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.

SIGNATURE: William N. Hartsfield 4/29/97 654-1300
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #