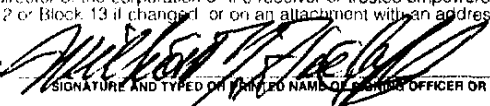


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 #57649 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		
2. Principal Place of Business 410 E. Henschen Ave.		2a. Mailing Address 410 E. Henschen Ave.		3. Date Incorporated or Qualified 1/11/1989	
Suite Apt. #, etc. ---		Suite Apt. #, etc. ---		3a. Date of Last Report 4/29/1996	
City & State Oakland, Fl		City & State Oakland, Fl		4. FEI Number 59-2933996	
Zip 34760		Zip 34760		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. 34760		25. USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26. 34760		27. USA		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		
1. TITLE PD ☐ DELETE 2. NAME Hartsfield, William N. 3. STREET ADDRESS 410 E. Henschen Ave. 4. CITY-STATE-ZIP Oakland, Fl. 34760			1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP		
5. TITLE VD ☐ DELETE 6. NAME Bodiford, Homer 7. STREET ADDRESS 315 Tubb St. 8. CITY-STATE-ZIP Oakland, Fl. 34760			2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP		
9. TITLE S ☐ DELETE 10. NAME Hartsfield, Sylvia E. 11. STREET ADDRESS 410 E. Henschen Ave. 12. CITY-STATE-ZIP Oakland, Fl. 34760			3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP		
13. TITLE ☐ DELETE 14. NAME 15. STREET ADDRESS 16. CITY-STATE-ZIP			4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP		
17. TITLE ☐ DELETE 18. NAME 19. STREET ADDRESS 20. CITY-STATE-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP		
21. TITLE ☐ DELETE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. This 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.			000002179580 -05/15/97--01028--027 ***165.00		
SIGNATURE: 			William N. Hartsfield 4/29/97 654-1300		

CR2E034 (9/96)