

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K85845**

(1)

1. Corporation Name

LANDMAR HAMPTON, INC.

Principal Place of Business

Mailing Address

**BERT C. SIMON
1660 PRUDENTIAL DRIVE, #203
JACKSONVILLE FL 32207**

**P.O. BOX 16068
1660 PRUDENTIAL DRIVE, #203
JACKSONVILLE FL 32245
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/04/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

50-2958683

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

2. Principal Place of Business

21 7751 Belfort Parkway

2a. Mailing Address

26 P.O. Box 16068

Suite, Apt. #, etc.

22 Suite 350

Suite, Apt. #, etc.

27

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32256

Country

25 US

Zip

29 32245

Country

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
BURR, EDWARD E
8515 HAMPTON RIDGE BLVD.
JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
**7751 Belfort Parkway, Ste. 350
Jacksonville, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
SHEA, TIMOTHY
8515 HAMPTON RIDGE BLVD.
JACKSONVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
**7751 Belfort Parkway, Ste.350
Jacksonville, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(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 on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Edward E. Burr, President

4/21/95

904-296-1300

Florida Form 8