

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:44

DOCUMENT # L06787

(0)

1. Corporation Name

LANDCOM HOSPITALITY, INC.

Principal Place of Business

C/O KIMBERLY R. BARNES
9250 BAYMEADOWS RD., SUITE 200
JACKSONVILLE FL 32256

Mailing Address

C/O KIMBERLY R. BARNES
9250 BAYMEADOWS RD., SUITE 200
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2964505

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNES, KIMBERLY R.
9250 BAYMEADOWS RD.
SUITE 200
JACKSONVILLE FL 32256

81 Name

MARY A. TOOMEY

82 Street Address (P.O. Box Number is Not Acceptable)

9250 BAY MEADOWS ROAD

83

SUITE 200

84 City

JACKSONVILLE

FL

85

Zip Code

32256

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

Mary A. Toomey

1.18.95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	O'STEEN JR, KENNETH H
STREET ADDRESS	9250 BAYMEADOWS RD. #200
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	ST
NAME	TOOMEY, MARY A
STREET ADDRESS	9250 BAYMEADOWS RD 200
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	VPD
NAME	O'STEEN, HAROLD S JR.
STREET ADDRESS	9250 BAYMEADOWS ROAD, SUITE 200
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	V
NAME	BARNES, KIMBERLY R
STREET ADDRESS	9250 BAYMEADOWS ROAD, SUITE 200
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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. 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:

Mary A. Toomey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.18.95

(904) 733-3700