FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 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 # **L06787** **(0)**

1. Corporation Name
LANDCOM HOSPITALITY, INC.

Principal Place of Business
~~C/O KIMBERLY R. BARNES~~ Mary Toomey
9250 BAYMEADOWS RD., SUITE 200
JACKSONVILLE FL 32256

Mailing Address
~~C/O KIMBERLY R. BARNES~~ Mary Toomey
9250 BAYMEADOWS RD., SUITE 200
JACKSONVILLE FL 32256-1806

3. Date Incorporated or Qualified: 08/03/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 4314 Pablo Oaks Court
22 Suite, Apt. # etc:
23 City & State: Jacksonville, Fl
24 Zip: 32224 25 Country:

2a. Mailing Address
26 4314 Pablo Oaks Court
27 Suite, Apt. #, etc.
28 City & State: Jacksonville,Fl
29 Zip: 32224 30 Country:

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

9. Name and Address of Current Registered Agent

TOOMEY, MARY A.
9250 BAY MEADOWS ROAD
SUITE 200
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4314 Pablo Oaks Court
83
84 City: Jacksonville FL 85 Zip Code: 32224

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	O'STEEN JR, KENNETH H		1.2 NAME		
STREET ADDRESS	9250 BAYMEADOWS RD. #200		1.3 STREET ADDRESS	4314 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	TOOMEY, MARY A.		2.2 NAME		
STREET ADDRESS	9250 BAYMEADOWS RD 200		2.3 STREET ADDRESS	4314 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE	VPD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	O'STEEN, HAROLD S JR.		3.2 NAME		
STREET ADDRESS	9250 BAYMEADOWS ROAD, SUITE 200		3.3 STREET ADDRESS	4314 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32224	
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		

CR2E034 (9/96)

14. I do 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: Mary A. Toomey REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #