

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 21 1998 8:00am
Secretary of State

DOCUMENT # L06787 (0)

1. Corporation Name
LANDCOM HOSPITALITY, INC.

Principal Place of Business

4314 PABLO OAKS COURT
~~2230 DAYMEADOWS RD., SUITE 200~~
JACKSONVILLE FL 32224
US

Mailing Address

4314 PABLO OAKS COURT
~~2230 DAYMEADOWS RD., SUITE 200~~
JACKSONVILLE FL 32224
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

21 4314 Pablo Oaks Court

Suite, Apt. #, etc.

22 City & State

23 Jacksonville FL

24 Zip

25 32224

Country

26 USA

2a. Mailing Address

26 4314 Pablo Oaks Court

Suite, Apt. #, etc.

27 City & State

28 Jacksonville FL

29 Zip

30 32224

Country

31 USA

9. Name and Address of Current Registered Agent

TOOMEY, MARY A.
4314 PABLO OAKS COURT
~~SUITE 200~~
JACKSONVILLE FL 32224

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME O'STEEN JR, KENNETH H
STREET ADDRESS 4314 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME TOOMEY, MARY A.
STREET ADDRESS 4314 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE

NAME O'STEEN, HAROLD S JR.
STREET ADDRESS 4314 PABLO OAKS CT.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Mary A. Toomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0037803

CR2E034 (10/97)