

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L16377** (8)

1. Corporation Name

LANDIS HOLDINGS, INC.



Principal Place of Business

Mailing Address

**C/O MICHAEL D. HORLICK
227 PENSACOLA ROAD
VENICE FL 34285**

**C/O MICHAEL D. HORLICK
227 PENSACOLA ROAD
VENICE FL 34285**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/11/1989

3a. Date of Last Report

02/07/1995

4. FEI Number

65-0149501

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

10. Name and Address of New Registered Agent

**HORLICK, MICHAEL D.
227 PENSACOLA ROAD
VENICE FL 34285**

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 based on provision of the corporation's bylaws)

(If the Registered Agent signature is required, attach herewith)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME: **D WILLIAMS, LYLA K. L.**
STREET ADDRESS: **13 SNOWFIELD CT**
CITY-STATE-ZIP: **MIDLAND MI**

2. TITLE ☐ DELETE

NAME: **D DES MARAIS, A. M. L. S.**
STREET ADDRESS: **1410 SAN JOSE DRIVE**
CITY-STATE-ZIP: **ENGLEWOOD FL**

3. TITLE ☐ DELETE

NAME: **D BOHON, S. A. L.**
STREET ADDRESS: **2501 OAK HILL CIRCLE APT. 633**
CITY-STATE-ZIP: **FT. WORTH TX**

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:

2. TITLE ☐ Change ☐ Addition

22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:

3. TITLE ☒ Change ☐ Addition

32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:

**7114 WESTOVER DRIVE
GRANBURY, TEXAS 76049**

4. TITLE ☐ Change ☐ Addition

42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:

5. TITLE ☐ Change ☐ Addition

52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:

6. TITLE ☐ Change ☐ Addition

62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-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)(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:

Lyla L. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYLA L. WILLIAMS

02/06/96

Date

517 835-6646

Daytime Phone

970 973-2600

CR2E034 (12/95)