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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L22915** **(7)**

1. Corporation Name
LANDCOM HOSPITALITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
9250 BAYMEADOWS RD STE 200 JACKSONVILLE FL 32256 US	C/O MARY A. TOOMY 9250 BAYMEADOWS ROAD, SUITE 200 JACKSONVILLE FL 32256-1806 US

3. Date Incorporated or Qualified: 10/13/1989
3a. Date of Last Report: 05/01/1996

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

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

4. FEI Number: 59-2978391 ☐ 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 BAYMEADOWS ROAD
STE 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 **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	V ☒ DELETE	1.1 TITLE	Director/Chairman ☐ Change ☒ Addition
NAME	HEWINS, JOHN S JR.	1.2 NAME	H.Kenneth O'Steen
STREET ADDRESS	9250 BAYMEADOWS ROAD, SUTIE 200	1.3 STREET ADDRESS	4314 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl 32224
TITLE	TVS ☐ DELETE	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	TOOMEY, MARY A.	2.2 NAME	Linda M. O'Steen
STREET ADDRESS	9250 BAYMEADOWS RD S200	2.3 STREET ADDRESS	4314 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville,Fl 32224
TITLE	V ☐ DELETE	3.1 TITLE	President/Director ☐ Change ☒ Addition
NAME	O'STEEN, HAROLD S JR	3.2 NAME	Charles R. Johnson
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	V ☐ DELETE	4.1 TITLE	Vice President ☐ Change ☒ Addition
NAME	FONDE, HENRY B., JR.	4.2 NAME	Nanette R. Putnam
STREET ADDRESS	9250 BAYMEADOWS RD S200	4.3 STREET ADDRESS	4314 Pablo Oaks Court
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	☐ DELETE	5.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		5.2 NAME	Russell L. Brown
STREET ADDRESS		5.3 STREET ADDRESS	4314 Pablo Oaks Court
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	☐ DELETE	6.1 TITLE	Asst. Vice President ☐ Change ☒ Addition
NAME		6.2 NAME	Sharon L. Howell
STREET ADDRESS		6.3 STREET ADDRESS	4314 Pablo Oaks Court
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32224

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 Mary A. Toomey TVS 1/31/97 904-733-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #