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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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
4314 PABLO OAKS COURT ~~STE 200~~ JACKSONVILLE FL 32224 US	4314 PABLO OAKS COURT ~~9250 BAYMEADOWS ROAD, SUITE 000~~ JACKSONVILLE FL 32224 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1989

2. Principal Place of Business	2a. Mailing Address
21 4314 Pablo Oaks Court	26 4314 Pablo Oaks Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville FL	28 City & State: Jacksonville Fl
24 Zip: 32224 25 Country: USA	29 Zip: 32224 30 Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOOMEY, MARY A 4314 PABLO OAKS COUT ~~STE 200~~ JACKSONVILLE FL 32224	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	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	O'STEEN, H.KENNETH		1.2 NAME		
STREET ADDRESS	4314 PABLO OAKS COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	TVS	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	TOOMEY, MARY A.		2.2 NAME		
STREET ADDRESS	~~9250 BAYMEADOWS RD 0000~~		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		☑ Change ☐ Addition
NAME	O'STEEN, HAROLD S JR		3.2 NAME		
STREET ADDRESS	~~9250 BAYMEADOWS ROAD, SUITE 000~~		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		☑ Change ☐ Addition
NAME	FONDE, HENRY B., JR.		4.2 NAME		
STREET ADDRESS	~~9250 BAYMEADOWS RD 0000~~		4.3 STREET ADDRESS	4314 Pablo Oaks Court	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville Fl 32224	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, RUSSELL		5.2 NAME		
STREET ADDRESS	4314 PABLO OAKS COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	AVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, SHARON L		6.2 NAME		
STREET ADDRESS	4314 PABLO OAKS COURT		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 # 0037696