

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L30882** (9)

1. Corporation Name  
**LANDGRAF MARKETING SERVICES INC.**

Principal Place of Business  
**228 MAGNOLIA ST  
WINDERMERE FL 34786  
US**

Mailing Address  
**228 MAGNOLIA ST  
WINDERMERE FL 34786  
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/16/1989**

2. Principal Place of Business

2a. Mailing Address

21 **11064 CLIPPER CT.**

26 **11064 CLIPPER CT.**

4. FEI Number  
**59-2976053**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

23 **WINDERMERE FL**

28 **WINDERMERE FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24 **34786**

25 **ORANGE**

29 **34786**

30 **ORANGE**

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

**LANDGRAF, JOHN P  
228 MAGNOLIA ST  
WINDERMERE FL 34786**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**11064 CLIPPER CT.**

83

84 City

**WINDERMERE**

FL

85 Zip Code

**34786**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PCEO** ☐ DELETE  
NAME **LANDGRAF, JOHN P.**  
STREET ADDRESS **228 MAGNOLIA ST**  
CITY-ST-ZIP **WINDERMERE FL**

1.1 TITLE **PCEO** ☒ Change ☐ Addition  
1.2 NAME **LANDGRAF, JOHN P.**  
1.3 STREET ADDRESS **11064 CLIPPER CT**  
1.4 CITY-ST-ZIP **WINDERMERE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*John P. Landgraf* **JOHN P. LANDGRAF**

**3/6/98 467-876-5451**

CR2E034 (10/97)