2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **L72866** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** LANDON CONSTRUCTION COMPANY 03-08-2000 90038 042 ***150.00 Mailing Address Principal Place of Business P O BOX 6533 P O BOX 6533 LAKELAND FL 33807-6533 LAKELAND FL 33807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3011804 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - Warren, Kirk, S. Esq. -Street Address (P.O. Box Number is Not Acceptable) 1125 U.S. HIGHWAY 98 S. PLAZA CENTER, STE. 300 LAKELAND FL 33801 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \mathbb{K} (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change ☐ Addition TITLE TITLE ☐ Delete LANDON, JACK K NAME NAME STREET ADDRESS 1345 LONGOAK DRIVE NORTH STREET ADDRESS CITY-ST-218 CITY-ST-ZIP LAKELAND FL ☐ Addition **K** XDelete TITLE XX Change TITLE LANDON, EYVONNE NAME Gandon Jack K. 1345 LONGOAK DRIVE NORTH STREET ADDRESS STREET ADDRESS 1345 Longoak Drive North CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Lakeland, Fl 33811 XX Change ☐ Addition TITLE X Delete LANDON. EYVONNE NAME Landon, Jack K. 1345 LONGOAK DRIVE NORTH STREET ADDRESS STREET ADDRESS __----1345 Longoak Drive North CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP Lakeland, Fl 33811 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Makelen Jack K. Landon

2-20-2000

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