-FILE	NOW: FILING	FEE AFT	ER MAY 1 IS	\$2	25.0	00					
	OFIT	FLORIDA DEPARTMENT OF STATE					1				
				Sandra B. Mortham			ļ				
ANNUAL REPORT Secretary of					ate		ļ				
	996	DIVISION OF CORPORATIONS					1				
		00 411									
DOCUM 1. Corporation N		68510	10 (0)								
LANDMAR REALTY GROUP, INC.								L (\$.01001) 318 Q1101 (\$1101 \$1101 18	MI BAH BIRU GRE	i <b>1</b> 1111	01011 01011 0101 100)
		1									
Principal Place of	Rusiness	Mailing Address						 	iti Bati Albit ala:		Afait 210il alais iaas
·		P O BOX 16068									
7751 BELFOI SUITE 350	RD PARKWAY	1660 PRUDENTIAL DR #203 JACKSONVILLE FL 32245 US									
JACKSONVIL US	LE FL 32256							3. Date Incorporated or Qualified 02/15/1988	3a. Date 0	f Last 4/26	Report /1995
	- of Business	2a. Mailing Address						4. FEI Number			Applied For
2. Principal Plac	e di positiess	26	, *					59-2871606			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			75 Additional ee Required	
22		City & State						6. Election Campaign Financing			.00 May Be
City & State		28						Trust Fund Contribution			Ided to Fees
Zip	Country	·	Zip Country				This corporation has liability for its corporation has liability for	intangible tax	unde	rs 199.032,	
24	25 29			30				Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address	of Current Reg	istered Agent		81	Name		10. Name and Address of New Y	togratorou A	90	
[ ·									<del></del>		
SIMON, BERT C.					82	Street /	Addre	ss (P.O. Box Number is Not Acceptab	Di <b>e</b> )		
1660 P	RUDENTIAL DR #203				83	}					
JACKS	ONVILLE FL 32207									les!	Zip Code
					84	City			FL	85	•
		607 0E02 and	enz 1608, Florida Statutes	s the	above-i	named co	orpora	ation submits this statement for the pu d of directors. I hereby accept the app	irpose of char	nging	its registered office
or registere familiar with	o the provisions of Section ad agent, or both, in the S n, and accept the obligation	tate of Florida. Subns of, Section 60	uch change was authorize 07,0505, Florida Statutes.	ed by t	he corp	oration's	s board	ation submits this statement for the pu d of directors. I hereby accept the app	ontment as r	egisit	ered agent. Fam
SIGNATURE _	,	continue pasel and tel	o if applicable /NOT	TE Regis	stered Aper	nt signature	required	when reinstating!	DATE		
Signature, typod or printed name of registered agent and title if applicable (NOTE I					13.			ADDITIONS/CHANGES TO OF			
TITLE	DP		DELETE		1. 1 TITLE				L	] Chai	nge LJ Augibuit
NAME	SHEA, TIMOTHY	HEA, TIMOTHY G.			1.2 NAME						
STREET ADDRESS	THE STATE OF TARREST BARRANAY STE 250				1.3 STREET ADDRESS		1				
CITY-ST-ZIP	JACKSONVILLE	FL			1.4 CHTY-ST-ZIP					7 Cha	nge Addition
TITLE	DV		☐ DELETE		2 1 THILE				L	J 51.40	[7] x100.100.
NAME	BURR, EDWARD E.				2.2 NAME						
STREET ADDRESS					2.3 STREET ADDRESS		•				
CHY-ST-2IP JACKSONVILLE FL					2 4 CITY-ST-ZIP		<del>-</del>		·	7 Cha	inge Addition
TITLE			DELETE		3 1 TITLE				L		

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 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 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 certify that the information indicated on this annual report or supplemental annual 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.

3.2 NAME 3.3 STREET ADDRESS

4. 1 TITLE 4.2 NAME 43 STREET ADDRESS

3.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5. 1 TITLE

52 NAME

6. 1 TITLE

62 NAME

SIGNATURE: \_

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

THILE

NAME

TITLE

NAME

CITY - ST - 7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD E. BURR 4/17/96

Date

DELETE

DELETE

DELETE

(904)296-1300 Daytime Prone #

☐ Change ☐ Addition

☐ Change ☐ Addition

Change Addition