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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M96354 (9)
1. Corporation Name
LANDVEST PROPERTIES LIMITED INC.

Principal Place of Business
100 DAHLIA COURT
PONTE VEDRA BEACH FL 32082
US

Mailing Address
100 DAHLIA COURT
PONTE VEDRA BCH FL 32082-3901
US



2. Principal Place of Business

21 100 DAHLIA COURT

Suite, Apt. #, etc.

22 City & State

23 PONTE VEDRA BCH. FL

24 Zip

25 St. Johns

2a. Mailing Address

26 100 DAHLIA CT.

Suite, Apt. #, etc.

27 City & State

28 PONTE VEDRA BCH. FL

29 Zip

30 St. Johns

3. Date Incorporated or Qualified

08/29/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2976888

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



9. Name and Address of Current Registered Agent

SCALLAN, BARBARA M.
1905 WHISPERWOOD WAY
DAYTONA BEACH FL 32124

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

Barbara M. Scallan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

4-28-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
SCALLAN, JOE
STREET ADDRESS 100 DAHLIA CT
CITY-ST-ZIP PONTE VEDRA BCH F

TITLE ☐ DELETE

NAME PD
SCALLAN, BARBARA M.
STREET ADDRESS 100 DAHLIA CT
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

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:

Barbara M. Scallan

President

4-28-97

904-273-9888

CR2E034 (9/96)