

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P03090** (8)

1. Corporation Name  
**LANDRUM & BROWN, INCORPORATED**



Principal Place of Business Mailing Address  
**11279 CORNELL PARK DR. CINCINNATI OH 45242**

3. Date Incorporated or Qualified **08/20/1984** 3a. Date of Last Report **02/20/1995**  
 4. FEI Number **31-1095645** 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  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

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 for the person named in Block 9 and 10. (If the Registered Agent is a corporation, the signature must be of an officer or director.)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JEFFREY N.</b>	
STREET ADDRESS	<b>11279 CORNELL PARK DR.</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VIGILANTE, MARY</b>	
STREET ADDRESS	<b>1021 WEST ADAMS STREET</b>	
CITY - ST - ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERS, DENNIS E.</b>	
STREET ADDRESS	<b>11279 CORNELL PARK DRIVE</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME		
2.3. STREET ADDRESS		
2.4. CITY - ST - ZIP		
3.1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME		
3.3. STREET ADDRESS		
3.4. CITY - ST - ZIP		
4.1. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		

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 further certify that the information indicated on this annual report, supplemental annual report is true and accurate and that my signature shall be made under oath, that I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DENNIS E. PETERS** 6/14/96  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)