

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19373 (0)

1. Corporation Name

LAND LOCATORS, INC.

Principal Place of Business

P O BOX 1088
AUBURN AL 36830

Mailing Address

P O BOX 1088
AUBURN AL 36830



3. Date Incorporated or Qualified

05/24/1988

3a. Date of Last Report

03/28/1995

4. FEI Number

63-0937598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOTO, LOUIS A.	
STREET ADDRESS	5554 PARKVIEW CIRCLE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHANNON, MICHAEL V.	
STREET ADDRESS	753 E. GLENN AVE.	
CITY-ST-ZIP	AUBURN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHANNON, MICHAEL V.	
STREET ADDRESS	753 E. GLENN AVE.	
CITY-ST-ZIP	AUBURN AL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WEAVER, CHARLES H., JR.	
STREET ADDRESS	753 E. GLENN AVE.	
CITY-ST-ZIP	AUBURN AL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	STROBEL, DAVID L.	
STREET ADDRESS	753 E. GLENN AVE.	
CITY-ST-ZIP	AUBURN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, CHARLES H., JR.	
STREET ADDRESS	753 E. GLENN AVE.	
CITY-ST-ZIP	AUBURN AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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:

C. Hadley Weaver, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Hadley Weaver, Jr. 3/19/96

334/821-0928

Date

Day, the Phone #

CR2E034 (12/95)