

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

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:11

DOCUMENT # P26211

(3)

LANDRY ENTERPRISES, INC.

5962 CRYSTAL VIEW DRIVE
ORLANDO FL 32819

5962 CRYSTAL VIEW DRIVE
ORLANDO FL 32819

(CHECK ONE) NEW OR RENEWAL

3. Date of Incorporation or Renewal	3a. Date of Last Report
09/27/1989	08/05/1994
4. Filing Number	Applicant Fee
23-2361351	Not Applicable
5. Certificate of Status Required	\$8.75 Additional Fee Required
6. Election Campaign Financing Report Filed Contribution	\$5.00 May Be Added to Fees
B. Does corporation have liability for indebtedness under S. 181(1)?	
Yes ☐ No ☒	

2. Name of Corporation	2a. Filing Address
21. Name of Agent	26. Filing Address
22. Name of Agent	27. Filing Address
23. Name of Agent	28. Filing Address
24. Name of Agent	29. Filing Address
25. Name of Agent	30. Filing Address

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDRY, BRIAN C. 5962 CRYSTAL VIEW DRIVE ORLANDO FL 32819	01. Name
	02. Street Address (Not Box Number or Post Office Box)
	03. City
	04. State
	FL 05. Zip Code

11. I, the undersigned, the person named in the name of the corporation, submit the statement for the purpose of forwarding its registered office to the person named in the name of the corporation. I hereby certify that the information is true and correct and that my signature shall have the same legal effect as if made by me. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *Brian C Landry*

12. OFFICER, DIRECTOR, OR SHAREHOLDER	13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR SHAREHOLDERS
NAME: PVS LANDRY, BRIAN C. 5962 CRYSTAL VIEW DRIVE ORLANDO FL	1. NAME
	2. STREET ADDRESS
	3. CITY
	4. STATE
	5. ZIP CODE
	6. NAME
	7. STREET ADDRESS
	8. CITY
	9. STATE
	10. ZIP CODE
	11. NAME
	12. STREET ADDRESS
	13. CITY
	14. STATE
	15. ZIP CODE
	16. NAME
	17. STREET ADDRESS
	18. CITY
	19. STATE
	20. ZIP CODE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made by me. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *Brian C Landry*

REMITTED BY MAY 1

5-11-95 407-351-9541