FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-ZIP

SIGNATI IRF.

FILED May 04 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P92000003758 (9) DOCUMENT # LANDIS TECHNOLOGY GROUP, INC. Principal Place of Business Mailing Address 123 BOONE ST. 123 BOONE ST. PENSACOLA FL 32505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3154906 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zφ Ζıρ Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAGRUDER, LLOYD B. 81 MAGELDIE 8164 IMPERIAL DR. Street Address (P.O. Box Number Is Not Acceptable) 82 PENSACOLA FL 32506 83 84 Zip Code 32533 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 a purpose of changing its reg PRESIDE T (NOTE: Registered SIGNATURE tered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition TITLE 1.1 TITLE CROUCH, WILLIAM L MAGRUDEL, LLOYD B, NAME 1.2 NAME 2531 VALLEY ROAD BIZ N. WITT CN STREET ADDRESS 1.3 STREET ADDRESS **NAVARRE FL 32566** CANTONMENT CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE 2.1 TITLE 4 Addition TITLE MAGRUDER, LLOYD B. CHRISTINE J. MAGRINOSR 2.2 NAME NAME 8164 IMPERIAL DR. BIZ N. WITT LN. STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL CANTONMENT 2.4 CITY-ST-ZIP CITY ST-ZIP DELETE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS SUREST UNBASS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELFTE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. Thereby 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 or an importance with an address.

85d-477-3776