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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011032 (8)

LANDRETH LAND, INC.

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STREET ADDRESS

Principal Place of Business Mailing Address 235 EATERN ST 235 EASTERN ST FREEPORT FL 32439 FREEPORT FL 32439 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3165421 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zıp Country 8. This corporation owes or has paid the current year Intangible 24 29 ☐ No 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LAPORTE, W. HOWARD 502 S FERDON BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 CRESTVIEW FL 32536 83 City Zip Code 85 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 item if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE LANDRETH, WILLIAM D NAME 1.2 NAME 235 EASTERN ST STREET ADDRESS 1.3 STREET ADDRESS FREEPORT FL CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition TITLE 21 THILE LANDRETH, MARY T 2.2 NAME **235** Eastern St STREET ADDRESS 2.3 STREET ADDRESS FREEPORT FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 HITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIF DELETE Change ___ Addition TITLE 6.1 TITLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

FILED Apr 20 1998 8:00am Secretary of State

14. I 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 of 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 by the an axial most symmetric section.