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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1, Corporation Name P93000087604 (3)

LAND INVESTMENT SERVICES, INC.

FILED

Apr 22 1998 8:00am

Secretary of State

CAIO II	TOTAL CENT	<i>5</i> 20, 1110.								
Principal Place	e of Business	Mailing	Address					es ia foic ition i	ADUK DIKU DEL	
2040 CLARKE AVENUE		· ·	7370 COLLEGE PKWY.							
FT. MYERS FI			SUITE 300							
US		FORT N	FORT MYERS FL 33907				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifie	1		
9 Principal P	lace of Business	2e Maili	ng Address				12/22/1993 4. FEI Number	· · · · · · · · · · · · · · · · · ·	Ι ΙΔ.	plied For
21	doo or business	<u>}</u>	26				65-0456926			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75	
22		27	27				5. Certificate of Status Desired		Fee file	
City & State	9	City	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28	·				Trust Fund Contribution		Added	
Zip	Country		Zip Count				This corporation owes or has		–	
24	25	29				Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent		_ No		
	g. Name and Address	of Current Registered	Agent	81	Name		10. Name and Address of New	registered A	gent	·
	HUMANN, RAYMOND L			["	Nairio					
	O COLLEGE PKWY		82			Addres	ss (P.O. Box Number is Not Accep	lable)		
	ITE 300			83			<u> </u>			
FU	RT MYERS FL 33907									
				84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					J e-named	corpor	ration submits this statement for the		hanging it	s registered
office or r	egister ed agent, or both, in m fam iliar with, and accept	∟the State of Florida. Su	ch change was aut	thorized by	the core	poration	n's board of directors. I hereby acc	ept the appoi	intment as	registered
SIGNATURE		and thinger one on cook								
	Signature, typed or printed name of r	egistered agent and title if applic	able (NO1L F	Registered Ago	nt signature	required	when reinslating)	DATE		
12.		CERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF			
TITLE	VPD		☐ DELETE		1.1 TITLE V		D/Secretary	ط	Change	Addition _
NAME	SCHUMANN, RAYMO			1.2 NAME			-			
STREET ADDRESS	2040 CLARKE AVENI			1.3 STREET						
CITY-ST-ZIP	FT. MYERS FL 33905)	DELETE	1.4 CITY - S	T-ZIP	-			Change	☐ Addition
TITLE	PD CASE DOREDT		- DETEIE	2.1 TOLE				L	Change	L Audilion
NAME OFFIT ADDRESS	ÇASE, ROBERT 2040 CLARKE AVENI	IE		2.2 NAME	4000000					
STREET ADDRESS	FT. MYERS FL 33905			2.3 STREET			-	•		
CITY-ST-ZIP TITLE	VPD	<u></u>	DELETÉ	2. 4 CITY - 1 3.1 TITLE	SI-ZIP	 			Change	Addition
NAME	LINDHEIM, KEVIN J			3.2 NAME				•		
STREET ADDRESS	2040 CLARKE AVENI	JF		3.3 STREET	ADDRESS					
CITY-ST-ZIP	FT. MYERS FL 33905			3.4. CITY-						
TITLE	VPD/ADECEMENT		DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	SCHUMANN, RONAL	ĎL		4. 2 NAME				-		
STREET ADDRESS	2040 CLARKE AVENU			4.3 STREET	ADDRESS					
CITY-ST-ZIP				4.4 CITY-ST-ZIP						
TITLE	UPD		DELETE	5.1 TITLE				,	Change	Addition
NAME	PATRICK C. +	lunt		5.2 NAME			_	•		•
STREET ADDRESS	PATRICK C. + 2040 CLARKE FF. MYERS,	Avenue		5.3 STREET	ADDRESS					
CITY-ST-ZIP	Ff. MYERS,	FL 33905	··· 	5.4 CITY - S	T-ZIP		·-···			
TITLE			DELETE	6.1 TITLE				[Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET	ADDRESS					

64 CITY-ST-ZIP

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 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.