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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000087604 1. Corporation Name

LAND INVESTMENT SERVICES, INC.

,									
Principal Place of Business Mailing Address					1 10011001		,,		
2040 CLARKE AVENUE 7370 COLLEGE PKWY.									
FT. MYERS FL 33905 SUITE 300						DO NOT WE	ITE IN THIS	SPACE	
US FORT MYERS FL 33907						3. Date Incorporated or Qualifed			
-						12/22/1993	•'		}
Principal Place of Business Za. Mailing Address						4. FEI Number		— Apr	lied For
21 26						65-0456926		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			·	_	<u> </u>	5. Certificate of Status Desired		\$8.75.A	- 1
27						5. Certificate of Status Desired		Fee Req	uired
City & State City & State						6. Election Campaign Financing		\$5.00 1	
23						Trust Fund Contribution		Added to	Fees
Zip	Country Zip		Country			8. This corporation owes the cu	rent year Inta	ingible	XNo
24	25	29 30	<u> </u>			Personal Property Tax. 10. Name and Address of New	Pagistared /		AND
-	9. Name and Address of Current	Registered Agent	81	ΤN	ame	10. Name and Address of New	Registered	r Aa nr	
SCHUMANN, RAYMOND L 7370 COLLEGE PKWY									
			82	S	treet Addre	ess (P.O. Box Number is Not Accep	table)		}
SUITE 300			83	\vdash					
FORT MYERS FL 33907								.	
	•		84	С	ity		FI	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the above	L e-na	med corpo	pration submits this statement for th		LL changing its r	egistered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	Florida. Such change was auth	orized by	the	corporation	n's board of directors. I hereby acci	ept the appoin	itment as reg	istered
l		· · · · · · · · · · · · · · · · · · ·	a Statutes	•			4/6/9	19	ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ager	nt sign	nature required	when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	VPDS \\	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	SCHUMANN, RAYMOND L		1.2 NAME						
STREET ADDRESS	2040 CLARKE AVENUE	•	1.3 STREET	TADE	RESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP		-			Change	Addition
TITLE	PD	☐ DELETE	2.1 TITLE					☐ Change	☐ Addition]
NAME CASE, ROBERT			2.2 NAME						}
STREET ADDRESS	2040 CLARKE AVENUE	والمساف للمساجعة المريوسية الجالوس	2.3 STREET	4	حويد است	ييد ورومون الميد الميد	· .	=	
CITY-ST-ZIP	'FT. MYERS FL 33905 VPD	X DELETE	2.4 CITY-ST-ZIP		-			Change	Г Addition
TITLE	LINDHEIM. KEVIN J		3.2 NAME		1	·			
20 AO OLADICE AVENUE			3.3 STREET ADDRESS		DESC.				
ET LIVERO EL AGOS			3.4. CITY-ST-ZIP						
CITY-ST-ZIP				4.1 TITLE				Change	Addition
NAME	SCHUMANN, RONALD L				Ì			_	
STREET ADDRESS	2040 CLARKE AVENUE	□ nerete	4.2 NAME		ţ				
CITY-ST-ZIP		□ perete	4. 2 NAME		DRESS I				
TITLE		☐ DELETE	4.3 STREET	TADE					
/ 111LE	FT. MYERS FL 33905	DELETE		TADE				☐ Change	☐ Addition
1	FT. MYERS FL 33905 VPD		4.3 STREET	TADE				Change	Addition
NAME	FT. MYERS FL 33905 VPD HUNT, PATRICK C		4.3 STREET 4.4 CITY-S' 5.1 TITLE	T ADE		· · · · · · · · · · · · · · · · · · ·		Change	Addition
1	FT. MYERS FL 33905 VPD HUNT, PATRICK C.		4.3 STREET 4.4 CITY-S' 5.1 TITLE 5.2 NAME	T ADE	DRESS	; , ·		Change .	Addition

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP