

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra J. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JUL -5 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000067593 (1)

1. Corporation Name
LANDBRIDGE, INC.

Principal Place of Business
**6700 SHERMAN ST.
ENGLEWOOD FL 34224**

Mailing Address
**6700 SHERMAN ST.
ENGLEWOOD FL 34224**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/14/1994

3a. Date of Last Report

4. FEI Number

65-0520598

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for information tax under s. 193.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. # etc

State Apt. # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKINSON, ROBERT A
460 S. INDIANA AVE.
ENGLEWOOD FL 34223**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 *William B. Pitas*

(Signature of Registered Agent or person authorized to accept appointment)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DP
2. NAME	PITAS, WILLIAM B
3. STREET ADDRESS	6703 SHERMAN ST.
4. CITY, ST. ZIP	ENGLEWOOD FL 34224
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST. ZIP		
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST. ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST. ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST. ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST. ZIP		

14. I do hereby certify that the information suggested with this Form is voluntarily provided and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or biennial 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 registered agent empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 of this report or as an authorized agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR