

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1996.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000069168

1. Corporation Name

Landes Construction and Development, Inc

Principal Place of Business

Mailing Address

12543 Magnolia Cove Ct.
Clermont, FL 34711

12543 Magnolia Cove Ct.
Clermont, FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/94

4. FEI Number

59-3270096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

Additional
Fee Required

6. Election Campaign Financing

☐

May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, 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

Hoban, Timothy P.
35 E. Pinchurst Blvd.
Eustis, FL 32726 US

81 Name

Hoban, Timothy P.

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

220 W. Alfred Street

83

84

City

TAVARES

FL

85

Zip Code

32728

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-12-98 (Address change)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P Williams, John T. 21524 Rollingwood Tr. Eustis, FL 32726 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VP Campbell, Kent M. 3801 Needles DR Orlando, FL 34711 ☒ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

T Decker, Daniel J. 17425 Magnolia Island Blvd. Clermont, FL 34711 ☐ DELETE

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP

P VP, ST Decker, Daniel J. 12543 Magnolia Cove Ct Clermont, FL 34711 ☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP

700002628087-01 -08/28/98--01090--006 *****550.00 *****550.00 ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-STATE-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-STATE-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-STATE-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-STATE-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-STATE-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-STATE-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-STATE-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-STATE-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-STATE-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-STATE-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-STATE-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-STATE-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-STATE-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-STATE-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-STATE-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-STATE-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-STATE-ZIP

25.1 TITLE 25.2 NAME 25.3 STREET ADDRESS 25.4 CITY-STATE-ZIP

26.1 TITLE 26.2 NAME 26.3 STREET ADDRESS 26.4 CITY-STATE-ZIP

27.1 TITLE 27.2 NAME 27.3 STREET ADDRESS 27.4 CITY-STATE-ZIP

28.1 TITLE 28.2 NAME 28.3 STREET ADDRESS 28.4 CITY-STATE-ZIP

SIGNATURE: *[Signature]* Pres. 8-12-98

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/98)