

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

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017434 (8)

1. Corporation Name

LARMAC DEVELOPMENT CORP.

Principal Place of Business

535 CHARLES PICKNEY ST  
ORANGE PARK FL 32073-8782  
US

Mailing Address

4215 SOUTHPOINT BLVD.  
STE. 100  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1995

4. FEI Number

58-3299571

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 879 Camp Johnson Rd	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Orange Park, FL	28
Zip Country	Zip Country
24 32065 25	29 30

9. Name and Address of Current Registered Agent

ANSBACHER, LEWIS  
100 NATIONAL FINANCIAL BLDG.  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIVIS
NAME	MCWILLIAMS, A E	1.2 NAME	mcWilliams, A.E.
STREET ADDRESS	P.O. BOX 1381 (N/A)	1.3 STREET ADDRESS	P.O. Box 1381 (NA)
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	Orange Park, FL 32067
TITLE	S	2.1 TITLE	D/P/T
NAME	NICHOLS, LAWRENCE	2.2 NAME	Nichols, Lawrence
STREET ADDRESS	535 CHARLES PICKNEY ST	2.3 STREET ADDRESS	879 Camp Johnson Rd
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	Orange Park, FL 32065
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

A E McWilliams (A. E. McWilliams)

4/22/98 (904) 264-5006

CP2E034 (10/97)