

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 20 1996 8:00 am
Secretary of State

DOCUMENT # P95000027306
1. Corporation Name

LANDINGS IMPROVEMENT COMPANY

Principal Place of Business

Mailing Address

2854 BECCA AVE.
NAPLES, FL 34112

3. Date Incorporated or Qualified
April 6, 1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2854 Becca Ave.

26 2854 Becca Ave

4. FEI Number
65-0570700

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

23 Naples, Fl

28 Naples, Fl

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24 34112

25 Collier

29 34112

30 Collier

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARTHUR McDONNELL

11121 HEALTH PARK BLVD., SUITE700
NAPLES, FL 33942

81 Name Dale H. Steinberg

82 Street Address (P.O. Box Number is Not Acceptable)
2854, Becca Ave.

83

84 City Naples

FL

85 Zip Code
34112

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 Dale H. Steinberg, Pres.

Aug. 14, 1996

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 Director ☒ DELETE
NAME C. M. Powell
STREET ADDRESS 11121 Health Blvd. Suite 700
CITY-ST-ZIP Naples, Fl 33942

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE President ☐ Change ☒ Addition
12 NAME Dale H. Steinberg
13 STREET ADDRESS 2854 Becca Ave.
14 CITY-ST-ZIP Naples, Fl 34112

21 TITLE Treasurer ☐ Change ☒ Addition
22 NAME Dale H. Steinberg
23 STREET ADDRESS 2854 Becca Ave
24 CITY-ST-ZIP Naples, Fl 34112

31 TITLE Vice-President ☐ Change ☒ Addition
32 NAME David Steinberg
33 STREET ADDRESS 2854 Becca Ave.
34 CITY-ST-ZIP Naples, Fl 34112

41 TITLE Director ☐ Change ☒ Addition
42 NAME David Steinberg
43 STREET ADDRESS 2854 Becca Ave.
44 CITY-ST-ZIP Naples, Fl 34112

51 TITLE Secretary ☐ Change ☒ Addition
52 NAME David Steinberg
53 STREET ADDRESS 2854 Becca Ave.
54 CITY-ST-ZIP Naples, Fl 34112

61 TITLE 100001927810 ☐ Change ☐ Addition
62 NAME -08/21/96--01012--013
63 STREET ADDRESS ***225.00
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(1), 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 has 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Dale H. Steinberg

8-14-96

(941) 775-3335