

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1996-12-96

B-7764

C

DOCUMENT # P95000039709 (7)

1. Corporation Name
LAND HO, INC.



Principal Place of Business

1401 S FLORIDA AVE
SUITE 201
LAKELAND FL 33803

Mailing Address

1401 S FLORIDA AVE
SUITE 201
LAKELAND FL 33803

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 345 West Davidson
Suite, Apt. #, etc.

26 P. O. Box 1051
Suite, Apt. #, etc.

4. FEI Number
59-3328995

Applied For
Not Applicable

22 City & State
23 Bartow, Florida

27 City & State
28 Bartow, Florida

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

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

24 33830 25 Polk

29 33831 30 Polk

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASER, JOHN A ESQ.
1401 S. FLORIDA AVE., SUITE 201
LAKELAND FL 33803

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

Signature typed or printed name of registered agent, if not applicable

Signature typed or printed name of new registered agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☒ DELETE
NAME NASER, JOHN A
STREET ADDRESS 1401 S FLORIDA AVE SUITE 201
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE DPST ☒ Change ☐ Addition
1.2 NAME Liguori, John
1.3 STREET ADDRESS 345 West Davidson
1.4 CITY-ST-ZIP Bartow, Florida 33830

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Ehrlich, Ira
2.3 STREET ADDRESS 345 West Davidson
2.4 CITY-ST-ZIP Bartow, Florida 33830

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(a), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

441-533 6145
Daytime Phone #

CR2E034 (12/95)