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

PROFIT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

CORPORA ANNUAL R 199	EPORT	Sandra B. M Secretary of DIVISION OF COR	of State		
DOCUMEN 1. Corporation Name		0065371 (3)			
LANDMARK	PRODUCTS, INC.				
Principal Place of Busi	ness	Mailing Address		1 114(114) (1)4 (1)4 (1)4	
495 SOUTH SHORE	DRIVE. SUITE 505	495 SOUTH SHORE DRIVE	e. Suite 505		
DESTIN FL 32541		DESTIN FL 32541		Date Incorporated or Qualifier	d 3a. Date of Last Report
				08/23/1995	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 852 K	EUAIRE DR	26 P.O. BOX	774	59-33333	
Suite, Apt. #, etc.	<u> </u>	Suite, Apt. #, etc.	-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	\$5.00 May Be
City & State DESTIN	FL.	Oity & State DEST IN	FL.	Trust Fund Contribution	Added to Fees
	Country	Zip	Country		for intangible tax under s. 199.032,
Zip 3254(usa usa	29 325 40 3	30 USA	Florida Statutes 10. Name and Address of Ne	Yes No
9.	Name and Address of Current	Registered Agent	81 Name		DE VRIES
				Douglas B.	
GALL, ANTHO	ONY		82 Street Ad	dress (P.O. Box Number is Not Accept 2000 GULF SHO	RE BUN,
	SHORE DRIVE, SUITE 505		83		
DESTIN FL 3	2541				85 Zin Code
•			84 City	DESTW,	FL 3725 4
44 Directed to the	provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named corp	poration submits this statement for the	purpose of changing its registered office appointment as registered agent. I am
or registered age	ent, or both, in the State of Florid	la. Such change was authorized on 607.0505, Horida Statutes.		/ .	purpose of changing its registered office appointment as registered agent. I am 4-15-91
100	MGLAS B. DE	Akies Cen	F 10	m B. de Vin	DAIL
SIGNATURE Signatur	re, typed or printed name of registered april.	Mark the Complete of	Buydere (April signar to lete	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DELETE	1 1 TITLE	C &0	Change X Addition
TITLE	CEO Douguas B . T	-	1.2 NAME	DOUGLAS B. DEVI	ટ્રેક્ટ
NAME STREET ADDRESS) (, (13 STREET ADDRESS	852 KECLAIRE DRI	32541
CITY-ST-ZIP			1.4 CITY - \$1 - ZIP	DESTIN, FL.	Change Addition
	RES.	■ DELETE	2 1 TITLE		Charge D Maniform
NAME	ANTHONY GALL		2.2 NAMÉ		
STREET ADDRESS	445 S. SHORE PR	ive	2 3 STREET ADDRESS 2 4 CITY - ST-ZIP		
CITY-ST-ZIP	DESTIN, FL.	TI DELETE	3 1 TITLE		Change Addition
TITLE		- orecir	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4 CITY - S1 - ZIP		☐ Change ☐ Addit.on
TITLE		DELETE	4 1 1 TLE		unango numbos
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5 1 TITLE		Change Addition
TITLE		L. Dett it	5 2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - S1 - ZIP		Change Addition
CITY - ST - ZIP TITLE		DELETE	€ 1 Till €		Change L Addition
NAME			6.2 NAME		
			6.3 STREET ADDRESS		

6 4 CITY - S1 - ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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:

SOLITY ST 2P

[64 CITY - ST 2P

[65 CITY -L LOUGY CON D. CHE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: