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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071486 (1)

THE LONDEREE CO.

FILED Jan 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				* 1001199* (14 1019) 5111/ 55111 55111 55111 5511	·····································
104 N CHURCH ST KISSIMMEE FL 34741		104 N CHURCH ST KISSIMMEE FL 34741			
US US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		09/15/1995 4. FEI Number	Applied For
21 104	N. Chuach St.	26 /04 N/. (Church St.	59-3334368	Applied For Not Applicable
Suite, Apt.		Suite, Apt #, etc.	. <u> </u>	F-3	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
	simmae, FL	Cily & State 28 Kissimme	e, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	741 25 OSCEO/A	- Zip 21/1/11	Country	8. This corporation owes or has paid the	
24 347			30 OSCEO/A	Personal Property Tax due June 30.	Yes KNo
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent LONDEDEE WILLIAM P. 81 Name					
EAT LIANOINO MOCO DO					
DAVENPORT FL 33837			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	VERT OTH TE GOOD!		83		
			B4 City		[as] 2: 0. d.
			11'	F	L 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 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 Statute's. SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTL	: Flegislered Agent signature requi	red when reinstating) EIATE	
12.	OFFICERS AND	 	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	LONDEREE, PEGGY T		1.2 NAME		
STREET ADDRESS	541 HANGING MOSS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVENPORT FL 33837 PTD	DELFTE	1.4 CHY-ST-ZIP 2 1 TITLE		Change Addition
NAME	LONDEREE, WILLIAM B.	vaca	22 NAME		Li Change Li Apoliton
STREET ADDRESS	541 HANGING MOSS ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL 33837		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		. —
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - 7/P		
TITLE	•	☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP		T prints	4 4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP 1fTLE		DELETE	5.4 C(TY - ST - Z(P) 6.1 T(TLE		Change Addition
NAME		La pitter	6.1 NILE 6.2 NAME		The reside The woodings
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP					
	ertify 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

14. Thereby certify that the information supplied with this filling 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.

LONATURE: While an all accumon with an address.