SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 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
Jul 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000093561 (5)

1. Corporation Name

LANDCASTER HOLDINGS, INC.

Principal Place of Business	Mailing Address
5700 SADDLEBROOK WAY UNIT 166 WESLEY CHAPEL FL 33543	5700 SADDLEBROOK WAY UNIT 166 WESLEY CHAPEL FL 33543

3. Date Incorporated or Qualified: 12/07/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21 38349 Highway 54 east
Suite, Apt #, etc
22
City & State
23 Zephyr Hills, Florida
Zip 24 33540 Country 25

2a. Mailing Address
26 Bishops University
Suite, Apt #, etc
27 Attn: J. Bowey Box 81
City & State
28 Lennoxville, Quebec
Zip 29 J1M 1Z7 Country 30 CANADA

4. FEI Number ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GORDON, BRUCE H
SHUMAKER, LOOP & KENDRICK
101 E KENNEDY BLVD #2500
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: J. Gary Brownsberger
82 Street Address (P.O. Box Number is Not Acceptable): 38349 Highway 54 EAST
83
84 City: Zephyr Hills FL 85 Zip Code: 33540

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 X J. Gary Brownsberger 7/10/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOWEY, J. LORNE	
STREET ADDRESS	6 MACKENNON DR	
CITY-ST-ZIP	LENNOXVILLE QUEBEC J1M 1Z7	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 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: James L. Bowey June 21 1996 819 566 0594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #