## 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 # P9600

P96000061608 (1)

LANDCAM, INC.

## FILED Apr 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 4103 N. RYE ROAD 4103 N. RYE ROAD PARRISH FL 34219 PARRISH FL 34219 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable 65-0720973 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ROGERS, JAMES CHRISTOP McGuire, Pratt, Masio & Farrance, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1001 3rd Avenue West, Suite 600 4103 N. RYE ROAD 82 PARRISH FL 34219 83 84 Zip Code 34205 Bradenton sions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by both, in the State of Elorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and the state of Elorida Statutes. 3-18-98 SIGNATURE (2) Il applicable ( o s ) o D for gistered Agent signature required when reinstating) CRZE034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Change TITLE 1.1 TITLE ROGERS, JAMES CHRISTOP NAME 1.2 NAME 4103 N. RYE ROAD STREET ADDRESS 1.3 STREET ADDRESS PARRISH FL 34219 CITY-ST-7P 14 City-St-7iP TITLE DELETE 2.1 TITLE ☐ Change Addition NAME ROGERS, BETH MICHELLE 2.2 NAME 4103 N. RYE ROAD STREET ADDRESS 2.3 STREET ADDRESS PARRISH FL 34219 CITY-ST-ZIP 2.4 CITY - ST-2IP DELETE TITLE Change Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.5 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify 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 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.

zzoho

941.776 2622