

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90004 014 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

LAND & REALTY NETWORK, INC. ✓

Principal Place of Business

130A Whitaker Road  
Lutz, FL 33549

Mailing Address

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

August 15, 1996

4. FEI Number

59-3397625 ✓

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

31

City & State

32

City & State

33

City & State

34

City & State

35

City & State

36

City & State

37

City & State

38

City & State

39

City & State

40

City & State

41

City & State

42

City & State

43

City & State

44

City & State

45

City & State

46

City & State

47

City & State

48

City & State

49

City & State

50

City & State

9. Name and Address of Current Registered Agent

Kenneth A. Jones  
13213 Tifton Drive  
Tampa, FL 33618

10. Name and Address of New Registered Agent

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 607.1508, 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

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	President	<input type="checkbox"/> DELETE
NAME	Kenneth A. Jones	
STREET ADDRESS	13213 Tifton Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Sandra N. Jones	
STREET ADDRESS	13213 Tifton Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	Sec/Treas.	<input type="checkbox"/> DELETE
NAME	Linda D. Murphey	
STREET ADDRESS	3004 Rhett Ct.	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(813) 909-0909

Daytime Phone #

CR2E034 (11/98)