

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  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90111 046 \*\*\*150.00

DOCUMENT # P96000073726

1. Corporation Name

LANDMARK FINANCIAL GROUP, INC.

Principal Place of Business

4630 SADDLEHORN TR  
MIDDLEBURG FL 32068  
US

Mailing Address

4630 SADDLEHORN TR  
MIDDLEBURG FL 32068  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

59-3400141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 7260 COTTONWOOD CT

Suite, Apt. #, etc.

22

City & State

23 MIDDLEBURG, FL

Zip Country

24 32068 25 USA

2a. Mailing Address

26 7260 COTTONWOOD CT

Suite, Apt. #, etc.

27

City & State

28 MIDDLEBURG, FL

Zip Country

29 32068 30 USA

9. Name and Address of Current Registered Agent

SCOTT C JARRETTE  
4630 SADDLEHORN TR  
MIDDLEBURG FL 32068

10. Name and Address of New Registered Agent

81 Name

SCOTT C. JARRETTE

82 Street Address (P.O. Box Number is Not Acceptable)

7260 COTTONWOOD COURT

83

84 City

MIDDLEBURG

FL

85 Zip Code

32068

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)

3/19/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE

NAME JARRETTE, JANET L

STREET ADDRESS 4630 SADDLEHORN TRL

CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE VSD ☒ DELETE

NAME JARRETTE, SCOTT C

STREET ADDRESS 4630 SADDLEHORN TRL

CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 JARRETTE, JANET L.

1.3 STREET ADDRESS 7260 COTTONWOOD COURT

1.4 CITY-ST-ZIP MIDDLEBURG, FL 32068

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME JARRETTE, SCOTT C.

2.3 STREET ADDRESS 7260 COTTONWOOD COURT

2.4 CITY-ST-ZIP MIDDLEBURG, FL 32068

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

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

3/19/99  
Date

904-291-9752  
Daytime Phone #

CR2E034 (11/98)