## 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

P96000079930 (9) DOCUMENT #

LAND HO ENTERPRISES, INC.

## **FILED** Jun 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 252 YACHT CLUB DRIVE NORTH P.O. BOX 1683 ST. AUGUSTINE FL 32095 PONTE VEDRA BEACH FL 32004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/25/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For 59-3401922 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zin Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BALL, JOHN S 1 INDEPENDENT DRIVE Street Address (P.O. Box Number is Not Acceptable) R2 **SUITE 2600** JACKSONVILLE FL 32202 83 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. ABIGAIL WI KAUHOFER OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DILETE Change Addition TITLE 1 1 TITLE RAUHOFER, WARREN E NAME 1.2 NAME P.O. BOX 1683 N/A 1,3 STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32004 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE RAUHOFER, ABIGAIL W NAME 2.2 NAME P.O. BOX 1683 N/A STREET ADDRESS 2.3 STREET ADDRESS PONTE VEDRA BEACH FL 32004 CITY-ST-ZIP 2. 4 CITY - ST- ZIP Addition DELETE Change TITLE 31 TOUR 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP TT OFLETE Addition 5.1 TITLE Change TITLE -06/05/98--01098 5.2 NAME NAME \*\*\*150.005.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ddilion TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Hereby certify that the information supplied with the 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 suppliemental armual 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.

5-15-98