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 #

P96000100406 (3)

LANDBARONS, INC.

Principal Place of Business	Mailing Address
THE AMERICA STORTUGACT	AADA DOTH AVENUE AIDDTHEAD

FILED Apr 20 1998 8:00am Secretary of State



	EVENUE NORTHEAST BURG FL 33704	1191 36TH AVENUE N ST. PETERSBURG FL			DO NOT WRITE IN THIS: 3. Date incorporated or Qualified 12/11/1996 4. FEI Number	SPACE
	Place of Business	2a. Mailing Address			_	Applied For
21		26			APPLIED FOR	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered	Agent
H/A	VRRIS, DONNA M		81	Name		
	91 36T H AVENUE NORTHEAST . PETERSBURG FL 33704		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	, , , , , , , , , , , , , , , , , , , ,		83	3		
			84	City	FL	85 Zip Code
office or i	to the provisions of Sections 607 05 registered agent, or both, in the Stat am familiar with, and accept the obtaining the state of the	te of Florida. Such change wa gations of, Section 607.0505,	is authorized b Florida Statute	y the corpora s.	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	changing its registered ointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	5	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HARRIS, DONNA M		1.2 NAME			
STREET ADDRESS	1191 36TH AVENUE NE		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	8T. PETERSBURG FL 33704	}	1.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME	·		
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	,		2.4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP		
TITLE		∐ DELETE	4.1 TITLE			Change Addition
NAME	,		4. 2 NAME			
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		☐ DELE te	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		ì
CITY-ST-ZIP		Document	5.4 CITY-1	ST - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME]		
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY - 3	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.