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May 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000102450

1. Corporation Name
HEADLANDS, INC.



Principal Place of Business
1663 MOUND STREET
SARASOTA FL 34236

Mailing Address
1663 MOUND STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0715690

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

21 1803 Morris St.
Suite, Apt. #, etc.

2a. Mailing Address

26 1803 Morris St.
Suite, Apt. #, etc.

23 City & State
Sarasota FL

24 Zip Country
34239 Sarasota

27 City & State
Sarasota FL

28 Zip Country
34239 Sarasota

9. Name and Address of Current Registered Agent

FURMAN, ROBERT G
1663 MOUND STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

Sarasota

FL

85 Zip Code

34239

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 Lynn W. Ross Lynn W. Ross (owner) PT. 4/27/99
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 PT ☒ DELETE
NAME FURMAN, ROBERT G.
STREET ADDRESS 1663 MOUNT ST
CITY-ST-ZIP SARASOTA FL 34236

TITLE VS ☐ DELETE
NAME ROSS, LYNN
STREET ADDRESS 1803 MORRIS
CITY-ST-ZIP SARASOTA FL 34239

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PT ☒ Change ☐ Addition
2.2 NAME LYNN W. ROSS
2.3 STREET ADDRESS 1803 Morris St.
2.4 CITY-ST-ZIP SARASOTA FL 34239

3.1 TITLE VS ☐ Change ☒ Addition
3.2 NAME FRANCINE ROSS
3.3 STREET ADDRESS 1803 Morris St.
3.4 CITY-ST-ZIP SARASOTA FL 34239

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: Lynn W. Ross 4/27/99 941-957-0578
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)