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

P97000088514 (9) DOCUMENT #

LANDON CORPORATION

Principal Place of Business Mailing Address 277 S. POLK DR. 277 S. POLK DR. SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For <u>65-0</u>79 3939 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MIDDLEBROOKS, J. HUGH 200 S. ORANGE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 Zip Code 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE PRESIDENT 1.1 TITLE LANNY R. JULIAN 1.2 NAME NAME 277 S. POLK DR. 1.3 STREET ADDRESS STREET ADDRESS SARAGOTA, FL 34236 1.4 CITY-ST-ZIP CITY-S1-ZIP SECRETARY DONNA J. JULIAN 277 S. POLK DR. DELETE Addition TITLE 2.1 TITLE Channe NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34236 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TY-ST-ZIP Change Addition DELETE TITLE 5.1 TLE AME. NAME 5.2 REET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE NAME STREET ADDRESS REET ADDRESS

SIGNATURE:

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the cindicated on this annual report or supplemental annual report is true and accurate officer or director of the carporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address.

JULIAN

TY-ST-ZIP

mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it that my signature shall have the same legal effect as if made under oath; that I am an his report as required by Chapter 607, Florida Statutes; and that my name appears in

(941) 388-6488

FILED

Mar 13 1998 8:00am

Secretary of State