

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90007 039 ***550.00

DOCUMENT # **P97000107932**

1. Corporation Name

LANGHAM & LANGHAM, P.A.

Principal Place of Business

**436 JACKSONVILLE DR.
JACKSONVILLE BEACH FL 32245**

Mailing Address

**P O BOX 331178
ATLANTIC BCH FL 32233
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1997

4. FEI Number

59-3481950

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. ☐ Yes ☐ No

2. Principal Place of Business

21 13000 SAWGRASS CIR

Suite, Apt. #, etc.

22 SUITE 28

City & State

23 PONTE VEDRA FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 13000 SAWGRASS CIR

Suite, Apt. #, etc.

27 SUITE 28

City & State

28 PONTE VEDRA FL

Zip

29 32082

Country

30 USA

9. Name and Address of Current Registered Agent

**LANGHAM, DAVID W
436 JACKSONVILLE DR.
JACKSONVILLE BEACH FL 32245**

10. Name and Address of New Registered Agent

81 Name

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

13000 SAWGRASS CIRCLE SUITE 28

83

PONTE VEDRA, FL 32082

84 City

FL

85 Zip Code

32082

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)

DATE

09/12/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LANGHAM, DAVID W**
STREET ADDRESS **436 JACKSONVILLE DR.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32245**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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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 **VICE PRESIDENT** ☒ Change ☐ Addition

1.2 NAME **DAVID LANGHAM**
1.3 STREET ADDRESS **13000 SAWGRASS CIR #28**
1.4 CITY-ST-ZIP **PONTE VEDRA FL 32082**

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **PAMELA LANGHAM**
2.3 STREET ADDRESS **13000 SAWGRASS CIR #28**
2.4 CITY-ST-ZIP **PONTE VEDRA FL 32082**

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.

SIGNATURE:

SIGNATURE REQUIRED

09/12/99

CR2E034 (5/99)