FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000018103

1. Corporation Name

PRICE LANGDON INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90279 021 ***150.00



Principal Place of Business Mailing Address										TAN MUTATA TERE SAMEN	
5077 NORTHAMPTON DRIVE 5077 NORTHAMPTON DRIVE											
FT MYERS FL 33919 FT MYERS FL 33919											
								DO NOT WRITE IN THIS	SPACE		
							Į	3. Date Incorporated or Qualifed		Į	
			*****					02/24/1998			
2. Principal Place o	f Business	<u></u> ⊢¬	Mailing Address					4. FEI Number		Applied For	
21 26			· Cuita Ant # ata					26-7140168		Not Applicable	
— · · · · · · · · · · · · · · · · · · ·			Suite, Apt. #, etc.					5. Certificate of Status Desired	აბ./ შ 	Additional	
22			City & State								
			¬ '					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
			in	Country				8. This corporation owes the current year Intangible			
24				30	¬ '			Personal Property Tax.			
	Name and Address of Curr		red Agent	1301				10. Name and Address of New Registered	Agent	· · · · · · · · · · · · · · · · · · ·	
					81	Name					
PRICE, LOUIS					0.0	014	A	/D.O. Day Number in Not Assessable)			
5077 NORTHAMPTON DRIVE					82 Street Address (P.O. Box Number is Not Acceptable)						
FT MYER	S FL 33919				83						
•											
	• ·				84	City		FL	85 Zi	p Code I	
11. Pursuant to the	provisions of Sections 607.0	502 and 607	.1508, Florida Statut	es, the al	bove	-named	corpor	ation submits this statement for the purpose of	changing	its registered	
office or registe	red agent, or both, in the Sta	te of Florida.	Such change was a	uthorized	by t	the corpo	oration'	's board of directors. I hereby accept the appoin	ntment as	registered	
	Z . 1x -	galions of, Si	ection 607 13-65. Pio					4/2	LZ/94	7	
SIGNATURE Signale	are typed or printed name of registered	igent and title if ap					equired w	hen reinstating) DATE		<u>-</u>	
12	OFFICERS	AND DIRECT	TORS	13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
TITLE (2	RESIDENT DUD PRICE SAME AS A		☐ DELETE	1.1 111	TLE.				Change Change	e 🔲 Addition	
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NAME				3.2 NA	ME						
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CITY-ST-ZIP				4.4 CI	TY-ST	r-ZIP					
TITLE			☐ DELETE	5.1 TIT			-		☐ Chang	e 🗌 Addition	
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CITY-ST-ZIP		. S. S.		5,4 CI		r- ZIP					
TITLE	. —	_,	DELETE	6.1 TIT			İ		Chang	e Addition	
NAME				6.2 NA							
STREET ADDRESS	•			6.3 ST	REET	ADDRESS	I				

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.

6.4 CITY-ST-ZIP

SIGNATURE: