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

 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90225 046 \*\*\*150.00

THE LANDINGS CATTLE & LA	ND COMPANY					
Principal Place of Business	Mailing Address			-{		
RT 1 BOX 133 RT 255 AT I-10 LEE FL 32059	RT 1 BOX 133 RT 255 AT I-10 LEE FL 32059			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 02/26/1998	· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business  1 R+1 Box 263	O 26 K+ / 180)		2630	4. FEI Number 59-349637.3	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			LE Cortificate of Status Desired	75 Additional ee Required	
City & State F/A -	City & State  28 LC Fl	1 .		1	.00 May Be ided to Fees	
Zip 32059 25 Country	29 32059 30 C	ountry		8. This corporation owes the current year Intangible Personal Property Tax.	_	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
JOHNSON, BILL C JR. RT 1 BOX 2630		82	Name Street Addre	t Address (P.O. Box Number is Not Acceptable)		
LEE FL 32059		83				
		84	City	FL 85	Zip Code	

(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition OELETE 11 TITLE TITLE JOHNSON, BILL C JR. 1.2 NAME NAME RT 1 BOX 2630 1.3 STREET ADDRESS STREET ADDRESS LEE FL 32059 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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 supplied 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 of the receiver of 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 other attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND THEO OF RINTED HAME OF SIGNING OFFICER OR DIRECTOR

- Viasidas 1-22-99

Daytime Phon

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