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**

DOCUMENT # P98000069664

1. Corporation Name

LANDRUM STAFFING, INC.

		_	
Principal	Place	of	Business

Mailing Address

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90060 042 ***150.00



118 18181	IBLU BAU	 	 	

6723 PLANTATIC PENSACOLA FL		6723 PLANTATION ROAD PENSACOLA FL 32504			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/10/1998				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied	For			
21	n '				59-3527096 Not App				
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired - \$8.75 Addition Fee Required	,			
City & State	9	City & State			6. Election Campaign Financing S5.00 May	Be			
23		28			Trust Fund Contribution Added to Fee				
Zip	Country	— — —			8. This corporation owes the current year Intangible	ļ			
24	25	29 30			Personal Property Tax. Yes No				
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered Agent				
LAND	DRUM, H B JR.		81	Name					
	PLANTATION ROAD		82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	SACOLA FL 32504		83						
			84	City	Fi 85 Zip Code	l			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was author	zed by	tne corporati	poration submits this statement for the purpose of changing its regision's board of directors. I hereby accept the appointment as register	tered ed			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Regist	ered Ager	nt signature require	ed when reinstating) DATE	}			
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12⊶3			
TITLE	D	☐ DELETE 1	1 TITLE		☐ Change ☐	Addition			
NAME	Landrum, H B Jr.	1.	2 NAME						
STREET ADDRESS	6723 PLANTATION ROAD	1.	3 STREE	TADORESS		- 1			
CITY-ST-ZIP	PENSACOLA FL 32504		4 CITY-S	T-ZIP					
TTLE		☐ DELETE 2	.1 TITLE		☐ Change ☐	Addition			
NAME		2	2 NAME			Ī			
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CITY-ST-ZIP	/ - /		4 CITY-9	ST-ZIP	□ Channa □	Addition			
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CITY-ST-ZIP TITLE			.4 CHY-S .1 TITLE	11-211	☐ Change	Addition			
		-	2 NAME			•			
NAME				T ADDRESS					
STREET ADDRESS			4 CITY-S	1					
CITY-ST-ZIP			1 TITLE		☐ Change ☐	Addition			
NAME			2 NAME		_ • -				
STREET ADDRESS		1 6	3 STREE	TADDRESS					
SIREE I AUUKESS			A CITY-S						

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:

(800)888-0472