

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S60634

(0)

1. Corporation Name

LAND HOLDINGS, INC.

FILED

95 JUL 28 AM 9: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3701 CENTRAL AVENUE
ST. PETERSBURG FL 33713

Mailing Address

3701 CENTRAL AVENUE
ST. PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

08/15/1994

4. FEI Number

59-3117465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1442 Linhart Ave.

Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, FL 33902

24 Zip Country

2a. Mailing Address

26 918A Drew Street

Suite, Apt. #, etc.

27 City & State

28 Clearwater, FL 34615

29 Zip Country

10. Name and Address of New Registered Agent

81 Name

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

918A Drew Street

83

84 City
Clearwater

FL

85 Zip Code
34615

9. Name and Address of Current Registered Agent
GRESHAM GREGORY L.
2114 DREW ST
#5
CLEARWATER FL 34625

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 607.0503, Florida Statutes.

SIGNATURE Gregory L. Gresham

Signature of Registered Agent (printed name of registered agent is required)

DATE Registered Agent Signature Required After Expiration

06/28/95

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MERCURIO, SUSAN M.
STREET ADDRESS 19 JACKSON AVENUE
CITY ST ZIP FT MYERS FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN M. Mercurio

7/24/95

941-334-9700