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

**FILED** Jun 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S91154 LANDMAR PROPERTY SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 16068 7751 BELFORT PARKWAY SUITE 350 JACKSONVILLE FL 32245 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 10/30/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3108896 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ziυ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes ∏ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SIMON, BERT C. 1660 PRUDENTIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 203 83 JACKSONVILLE FL 32207 84 City B5 Zip Code 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, typind or printed name of nigistored agent and life, if applicable (NOT: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 111LE BURR, EDWARD E. 1.2 NAME NAME 7751 BELFORT PARKWAY, STE. 350 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE SHEA, TIMOTHY NAME 2.2 NAME 7751 BELFORT PKWY, STE. 350 STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change TITLE 3110LE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ■ DELETE 4.170 LE Change \_\_\_ Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP / Addition DELETE 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Addition DELETE 6.1 THLE 70000254750 TITLE

14. Thereby 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 suppliemental 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 altachment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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(904) 296-1300

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NAME

STREET ADDRESS

CITY-ST-ZIP