

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90148 034 ***150.00

DOCUMENT # S92068

1. Corporation Name
LADHAMSHIRE, INC.

Principal Place of Business
10151 UNIVERSITY BLVD
ORLANDO FL 32817
US

Mailing Address
10151 UNIVERSITY BLVD
ORLANDO FL 32817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1991

4. FEI Number

59-3095162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1572 SUNSET DR

2a. Mailing Address

26 1572 SUNSET DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK, FL

City & State

28 WINTER PARK FL

Zip

24 32789

Country

Zip

29 32789

Country

30

9. Name and Address of Current Registered Agent

JONES, JOSEPH STEPHEN
5442 BAYTOWNE PLACE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

JONES, JOSEPH STEPHEN

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

1572 SUNSET DR

83

84 City WINTER PARK

FL

85 Zip Code 32789

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/07/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JONES, JOAN P
STREET ADDRESS 5442 BAYTOWNE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE VP ☐ DELETE

NAME JONES, JOSEPH STEPHEN
STREET ADDRESS 5442 BAYTOWNE PLACE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME JONES, JOAN P
1.3 STREET ADDRESS 1572 SUNSET DR
1.4 CITY-ST-ZIP WINTER PARK FL 32789

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME JONES, JOSEPH STEPHEN
2.3 STREET ADDRESS 1572 SUNSET DR
2.4 CITY-ST-ZIP WINTER PARK FL 32789

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/99

DATE

407 657 7070

Daytime Phone #

CR2E034 (11/98)

0098769