FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

.. ~PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V53187** **(3)**

1. Corporation Name

~~LEHIGH MARKETING, INC.~~

LEHIGH LAND AND INVESTMENT , INC. N.C. 1-19 96

Principal Place of Business	Mailing Address
201 EAST JOEL BLVD. LEHIGH ACRES FL 33936	201 EAST JOEL BLVD. LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified: 07/23/1992

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 226 E. Joel Blvd	26 226 E. Joel Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lehigh Acres, FL	City & State 28 Lehigh Acres, FL
Zip: 24 33936 Country: 25 USA	Zip: 29 33936 Country: 30 USA

4. FEI Number: 65-0414463 ☐ 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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLISON, JANET 201 EAST JOEL BLVD. LEHIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 226 E. Joel Blvd 83 84 City 300001748503 -03/19/96--01025-FU 85 Zip Code ***200.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this 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 Janet Allison DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name listed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	LIVINGSTON, WILLIAM I.		1.2 NAME	John A. Natiello	
STREET ADDRESS	201 EAST JOEL BLVD.		1.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	VD	☒ DELETE	2.1 TITLE	T/AS	☐ Change ☒ Addition
NAME	WHYTE, W. DON		2.2 NAME	Margaret Horvath	
STREET ADDRESS	201 EAST JOEL BLVD.		2.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP	LEHIGH ACRES FL		2.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	V	☐ DELETE	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HOLQUIST, LAURA		3.2 NAME		
STREET ADDRESS	201 EAST JOEL BLVD.		3.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP	LEHIGH ACRES FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	V/S	☒ Change ☐ Addition
NAME	ALLISON, JANET		4.2 NAME		
STREET ADDRESS	201 EAST JOEL BVLD.		4.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP	LEHIGH ACRES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	P/D	☐ Change ☒ Addition
NAME			5.2 NAME	Jay P. Welcom	
STREET ADDRESS			5.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		☐ DELETE	6.1 TITLE	V/D	☐ Change ☒ Addition
NAME			6.2 NAME	Gregory M. Morris	
STREET ADDRESS			6.3 STREET ADDRESS	226 E. Joel Blvd	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Lehigh Acres, FL 33936	

CR2E034 (12/95)

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 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.

SIGNATURE: John A. Natiello VP John Natiello VP 3/8/96 941-369-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3-18 ND