

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # F92000000327 (8)**

1. Corporation Name

**LANDLEASE CORPORATION**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB -6 AM 11:50**

Principal Place of Business

P.O. BOX 358  
ELLENTON FL 34222-0358

Mailing Address

P.O. BOX 358  
ELLENTON FL 34222-0358

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/06/1992</b>	3a. Date of Last Report <b>03/15/1994</b>
4. FEI Number <b>56-1014803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WHITE, HARRY JR  
11924 OAK RIDGE DRIVE  
PARRISH FL 34219**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 appropriate) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHISHOLM, A E</b>	1.2 NAME	
STREET ADDRESS	<b>806 HOUNDSLAKE DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AIKEN SC 29803-5966</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VCV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, HARRY C JR</b>	2.2 NAME	
STREET ADDRESS	<b>11924 OAK RIDGE DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARRISH FL 34219</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHISHOLM, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>806 HOUNDSLAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AIKEN SC</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, LINDA</b>	4.2 NAME	
STREET ADDRESS	<b>11924 OAK RIDGE DRIVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARRISH FL 34219</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 included 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 my address.

SIGNATURE: *Harry C White Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR  
 DATE: **2/11/95**  
 TELEPHONE: **813-226-1071**