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 # **466174** **(0)**

1. Corporation Name
LEEMIN PREMUIM CORPORATION.

Principal Place of Business
603 PAWN WAY
SEFFNER FL 33584

Mailing Address
603 PAWN WAY
SEFFNER FL 33584

3. Date Incorporated or Qualified: **12/12/1974**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1566874** 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
HOLCOMB,C. LEE
603 PAWN WAY
SEFFNER FL 33584

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 (typed or printed name of registered agent and title if applicable) — Date (Registered Agent's signature required with resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLCOMB, GENE	1.2 NAME	
STREET ADDRESS	905 GAMBIT PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLCOMB, MINNIE	2.2 NAME	
STREET ADDRESS	603 PAWN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOLCOMB, C LEE	3.2 NAME	
STREET ADDRESS	603 PAWN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000	3.4 CITY-ST-ZIP	
			☐ Change ☐ Addition
NAME	HOLCOMB, JO ANN	4.2 NAME	
STREET ADDRESS	905 GAMBIT PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 119.07(3)(k), 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: Minnie Holcomb — Minnie Holcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10-96 — Date
813-685-1234 — Daytime Phone #

CR2E034 (12/95)