

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUL -6 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 635573 (9)**  
1. Corporation Name  
**LEADERSHIP CENTERS, U.S.A., INC.**

Principal Place of Business: **8653 BAYPINE RD., STE. 100 JACKSONVILLE FL 32256**  
Mailing Address: **8653 BAYPINE RD., STE. 100 JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **08/31/1979** 3a. Date of Last Report: **04/20/1994**  
4. FEI Number: **59-1978264** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Fiscal Year (month/year):  **\$5.00 May Be Added to Fees**  
7. This corporation has adopted the certificate of status of a Florida Statutes:  Yes  No

2. Principal Place of Business: **21 7785 Baymeadows Way** 2a. Mailing Address: **26 7785 Baymeadows Way**  
State Apt. # etc: Suite 304 State Apt. # etc: Suite 304  
22 **Suite 304** 27 **Suite 304**  
City & State: **23 Jacksonville FL** 28 **Jacksonville FL**  
24 **32256** 25 **USA** 29 **32256** 30 **USA**

9. Name and Address of Current Registered Agent: **FRANK MELVIN H. 8653 BAYPINE ROAD JACKSONVILLE FL 32256**  
10. Name and Address of New Registered Agent: **CHARLES R. SCOTT 7785 BAYMEADOWS WAY SUITE 304 JACKSONVILLE FL 32256**  
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 trustee with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. AGENTS FOR SERVICE OF PROCESS	
TITLE: <b>PD</b>	NAME: <b>BEEHNER, JOHN F</b> STREET ADDRESS: <b>2913 BERNICE DRIVE JACKSONVILLE FL</b>	11 TITLE: _____	11 STREET ADDRESS: _____
TITLE: <b>SD</b>	NAME: <b>BEEHNER, JOHN F</b> STREET ADDRESS: <b>2913 BERNICE DRIVE JACKSONVILLE FL</b>	12 TITLE: _____	12 STREET ADDRESS: _____
TITLE: <b>VP</b>	NAME: <b>BEEHNER, JUDITH L</b> STREET ADDRESS: <b>2913 BERNICE DRIVE JACKSONVILLE FL</b>	13 TITLE: _____	13 STREET ADDRESS: _____
TITLE: <b>V</b>	NAME: <b>TUCKER, BILLIE J.</b> STREET ADDRESS: <b>11787 JOCELYN ROAD JACKSONVILLE FL</b>	14 TITLE: _____	14 STREET ADDRESS: _____
TITLE: <b>D</b>	NAME: <b>BOEHNER, JOHN F.</b> STREET ADDRESS: <b>11385 BEECHER CIR W JACKSONVILLE FL</b>	15 TITLE: _____	15 STREET ADDRESS: _____
TITLE: <b>CEO</b>	NAME: <b>CHARLES R. SCOTT</b> STREET ADDRESS: <b>365 KING ROAD NW ATLANTA, GA 30303</b>	16 TITLE: _____	16 STREET ADDRESS: _____

14. I, the undersigned, certify that the information supplied with this filing is accurately 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 a duly sworn affidavit that I am an officer or director of the corporation or the officer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Item 12 or 13 of this report in accordance with an address.

SIGNATURE: *Charles R. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6/27/95 (904) 636-0770

CR2E034 (3-95)