FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K25590** **(6)**

1. Corporate Name
L.M. LESLIE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1647 SUN CITY CENER PLAZA SUITE 204 SUN CITY CENTER FL 33573	1647 SUN CITY CENER PLAZA SUITE 204 SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/07/1988**	3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-2892942**	☐ 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	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. # or Bldg. (22)	Suite, Apt. # or Bldg. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)

9. Name and Address of Current Registered Agent

SMITH, DARRELL C.
101 E. KENNEDY BLVD.
SUITE 2500
TAMPA FL 33602

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 Section [illegible] 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. The corporation is [illegible] to continue to be subject to service of process in the State of Florida.

SIGNATURE(S)

12. OFFICER AND DIRECTOR DATA	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17
TITLE: P NAME: LESLIE, LEE MICHAEL STREET ADDRESS: 1647 SUN CITY CNTR #204 CITY-ST-ZIP: SUN CITY CENTER FL	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is true. For profit corporations only: I further certify that the corporation has complied with the applicable provisions of Section 607.193, Florida Statutes. For not for profit corporations only: I further certify that the corporation is aware of and has complied with the applicable provisions of Section 617.1911, Florida Statutes.

SIGNATURE: Lee Michael Leslie LEE MICHAEL LESLIE 4/27/95 813-634-8490
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0288892