

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # K25590

(6)

1. Corporation Name

L.M. LESLIE & ASSOCIATES, INC.

50 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1647 SUN CITY CENTER PLAZA
SUITE 204
SUN CITY CENTER FL 33573**

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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

2. Previous Name of Corporation

2a. Mailing Address

21

26

4. FEI Number

59-2892942

Applied For

Not Applicable

State App # 1995

State App # 1995

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

23

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8. This corporation has liability for intangible tax under S. 199.037,
Florida Statutes. ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.02(2) and 607.1408, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent 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 607.02(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	P	NAME	LESLIE, LEE MICHAEL
15		Street Address	1647 SUN CITY CNTR #204
16		City & State	SUN CITY CENTER FL
17		NAME	
18		Street Address	
19		City & State	
20		NAME	
21		Street Address	
22		City & State	
23		NAME	
24		Street Address	
25		City & State	
26		NAME	
27		Street Address	
28		City & State	
29		NAME	
30		Street Address	
31		City & State	

14	NAME	☐ Change ☐ Addition
15	NAME	
16	NAME	
17	NAME	
18	NAME	
19	NAME	
20	NAME	
21	NAME	
22	NAME	
23	NAME	
24	NAME	
25	NAME	
26	NAME	
27	NAME	
28	NAME	
29	NAME	
30	NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.02(2), Florida Statutes. I further certify that the information included in 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 of this report, or as an attachment with an address.

SIGNATURE: *Lee Michael Leslie* LEE MICHAEL LESLIE 4/27/95 813-634-8190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR