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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003076 1. Corporation Name

LEESBURG PARTNERSHIP, INC.

| Principal Place | of Busines |
|---------------------------|------------|
| 111 S 6 ST LEESBURG FL | 34748 |
| US | |

Mailing Address

P O BOX 490043 LEESBURG FL 34749-0043

FILED Mar 11, 1999 8:00 am § Secretary of State

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| 2. Principal Pl | Place of Business 2a. Mailing Address | | | | Date Incorporated or Qualifed | | | | | | | |
|------------------------|--|------------------------------------|--------------|-------------|---|-------------|--------------------|----------------|-------------|----------------|------------|--|
| 21 | | 26 | | | | 06/20/1994 | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 4. | FEI Number | | | | olied For | |
| 22 | 27 | | | | | | 59-3255632 | | | | Applicable | |
| City & State | State City & State | | | | | 5. | Certificate of Sta | atus Desired | | \$8.75 A | | |
| 23 | 28 | | | | | | | | | Fee Re | quired | |
| Zip | Country | Zip | Coun | itry | | 6. | Election Campa | | | \$5.00 | | |
| 24 | 25 | | 30 | | | | Trust Fund Con | | | Added t | o Fees | |
| | 9. Name and Address of Curre | nt Registered Agent | | 81 | N | 10. | Name and Add | ress of New | Registered | Agent | | |
| | | | ľ | •1 | Name | | | | | | | |
| HARGRO\ | HARGROVE, JAMD | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 515 W MAIN ST | | | | | | | | | | | | |
| LEESBUR | G FL 34748 | | l' | 83 | | | | | | | • | |
| | | | - | 84 | City | | | | FL | 85 Zip 0 | Code | |
| 11 Duranant | to the provisions of Sections 617.05 | 02 and 617 1508 Florida Statute | e the ah | OVA | named co | moratio | n submits this sta | tement for the | numose of | changing its | registered | |
| office or re | egistered agent, or both, in the State | e of Florida. Such change was au | ithorized | by tr | ne corpor | ation's bo | oard of directors. | I hereby acce | pt the appo | intment as reg | gistered | |
| agent. I ar | n familiar with, and accept the obliga- | ations of, Section 617.0503, Flor | ida Statu | tes. | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agr | ant and title if analicable (NOTE: | Registered A | Ament • | signature req | ured when i | reinstating) | | DATE | | | |
| 12. | | ND DIRECTORS | 13. | · · · · · · | orginal or 1 - 4 | | ADDITIONS/CH/ | NGES TO O | FFICERS A | ND DIRECTO | RS IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITI | LE | | | | | | Change | Addition | |
| NAME | HARGROVE, JACK H JR | | 1.2 NA | ME | | | | | | | | |
| STREET ADDRESS | 515 E MAIN ST | | 1.3 STE | REETA | ADDRESS | | | | | | | |
| | LEESBURG FL 34748 | | | Y-ST- | | | | | | | | |
| CITY-ST-ZIP | TD | ☐ DELETE | | | | | | | | ☐ Change | ☐ Addition | |
| NAME | PADGETT, GREG | | 2.2 NA | ΜE | | | | • | | | • | |
| STREET ADDRESS | 206 N 3RD ST | | | | ADDRESS | | | | | | | |
| | | | 2.4 CI | | | | | | | | . | |
| CITY-ST-ZIP | VPD | ☐ DELETE | 3.1 T/TI | | | _ | | | | ☐ Change | ☐ Addition | |
| NAME | SEE. ED | | 3.2 NA | | 1 | | | | | | | |
| STREET ADDRESS | TTT-TT | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 3.4. CIT | | | | | | | | 1 | |
| TITLE | SD | ☐ DELETE | 4.1 TITLE | | | | | | | Change | Addition | |
| NAME | KIGHT, JOY | | 4. 2 NAM | | | | | | | | | |
| STREET ADDRESS | 4315 LAKE ST | | | | ADDRESS | | | | | | | |
| CITY-ST-ZIP | LEESBURG FL | | 4.4 CITY- | | | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | | | | - | Change | ☐ Addition | |
| NAME | | | 5.2 NA | | 1 | | | • | | | l | |
| STREET ADDRESS | | | 5.3 STF | REET A | ADORESS | | | | | | ľ | |
| 1 | | | 5.4 CIT | Y-ST- | ZIP | | | | | | | |
| CITY-ST-ZIP TITLE | · | ☐ DELETE | 6.1 TITI | | | | | | | Change | ☐ Addition | |
| | | <u> </u> | 6.2 NA | ME | i | | | | | _ • | | |
| NAME OTDEET ADDRESS | | | 1 | | ADDRESS | | | | | | | |
| STREET ADDRESS | | | 6.4 CIT | | i | | | | | | | |
| CITY-ST-ZIP | | | 0.4 CII | 31* | | | | | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP