

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**



PROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000052386 (6)**
1. Corporation Name

LADIES ONLY OUTDOORS, INC.



Principal Place of Business: **3552 BROOKLINE DRIVE SARASOTA FL 34239**
Mailing Address: **3552 BROOKLINE DRIVE SARASOTA FL 34239**

3. Date Incorporated or Qualified: **07/07/1995**
3a. Date of Last Report: **07/07/1995**
4. FEI Number: **65-0591938**
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: **7709 Hermitage Cir**
2a. Mailing Address: **8466 N. Lockwood Rd. Rd**
Suite, Apt. #, etc.: **Suite 248**
22. City & State: **Sarasota, FL**
27. City & State: **Sarasota, FL**
23. Zip: **34243** Country: **Manatee**
28. Zip: **34243** Country: **Manatee**
24. Zip: **34243** Country: **Manatee**
25. Zip: **34243** Country: **Manatee**
29. Zip: **34243** Country: **Manatee**
30. Zip: **34243** Country: **Manatee**

9. Name and Address of Current Registered Agent

**ICARD MERRILL, CULLIS, TIMM FUREN & GINSBU
2033 MAIN STREET
SUITE 600
SARASOTA FL**

10. Name and Address of New Registered Agent

81 Name: **SAME**
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)

(NOTE: Registered Agent signature required when re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LEACH, J R | |
| STREET ADDRESS | 3552 BROOKLINE DRIVE | |
| CITY - ST - ZIP | SARASOTA FL 34239 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|-------------------------------|--|
| 11 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | Sheila A. Leach | |
| 13 STREET ADDRESS | 7709 Hermitage Cir. | |
| 14 CITY - ST - ZIP | Sarasota, FL 34243 | |
| 21 TITLE | Vice President/Manager | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Clarence D. Leach Jr. | |
| 23 STREET ADDRESS | 7709 Hermitage Cir | |
| 24 CITY - ST - ZIP | Sarasota, FL 34243 | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY - ST - ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY - ST - ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY - ST - ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Clarence D. Leach Jr.** **Clarence D. Leach Jr.** **7-17-96** **941-355-7524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE NUMBER

CR2E034 (3/96)