


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

00187

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90090 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000003600**

1. Corporation Name  
**LEO'S DELI, INC.**



Principal Place of Business 951 S. 1ST AVENUE LAKE CITY FL 32025	Mailing Address 951 S. 1ST AVENUE LAKE CITY FL 32025
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DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip Country	

3. Date Incorporated or Qualified <b>01/08/1996</b>	4. FEI Number <b>59-3352975</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**WILLEMS, PAMELA**  
 951 S. 1ST AVENUE  
 LAKE CITY FL 32025

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLEMS, PAMELA	
STREET ADDRESS	951 S. 1ST AVENUE	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ELICIA DUNN	
STREET ADDRESS	6209 N DR	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TINA WILLEMS	
STREET ADDRESS	RT 9 BOX 778 H	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JAYME BLANK	
STREET ADDRESS	P O BOX 3713 N/A	
CITY-ST-ZIP	LAKE CITY FL 32056	
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

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP Danette Blank	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	Rt 9 Box 1254 P.O. Box 584	
2.4 CITY-ST-ZIP	Lake City, Fl. 32024	
3.1 TITLE	T Jane Pearson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	Rt. 9 Box 785-8	
3.4 CITY-ST-ZIP	Lake City, Fl. 32024	
4.1 TITLE	S Dilene M Hart	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Rt 9 Box 785-1	
4.4 CITY-ST-ZIP	Lake City, Fl. 32024	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** M 3-13-99 904-755-6074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)