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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

Sandra B. Mortharfi

Secretary of State DIVISION OF CORPORATIONS

	MENT # P97000 OF LEESBURG, INC.	0058306 (6)			ALIAR INIAA AKKA DAJUB ANI JABI
Principal Plac	ce of Business	Mailing Address		1	#H#H
% OUEST COMPANY 921 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS FL 34714		% QUEST COMPANY 921 DOUGLAS AVENUE, SUITE 200 ALTAMONTE SPRINGS FL 34714		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
9 Dringing I	Place of Pusiness	Ta. Maria		07/03/1997	
21	Place of Business	2a. Mailing Address		4. FEI Number 59 - 3458477	Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.	·····		Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Star 23	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	26	29	30	 This corporation owes or has paid the or Personal Property Tax due June 30. 	current year Intangible Yes No
	9. Name and Address of Curren			10. Name and Address of New Registere	
70	NGWOOD PL 32730 PALTA	DUGLAS PAUE, SI IMONTE SPRINGS 32714	83 B4 City	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant office or agent. I	THE YOU	ol and title if applicable (NOT)	F Registered Agent signature requi		
12.	PRESIDENT	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	STEDUENLIT LAFRENII	398	1.2 NAME		Change Addition
STREET ADDRESS	gal boughes Aue,	SUITE 200	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTIAMONTE SPRIN	65, FL 32714	1.4 CITY-ST-ZIP		
TITLE	VICE PREZIDENT	DELETE	2.1 TITLE		Change Addition
NAME	WILLIAM THLEY 200	1 K ·	2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	LEESBURG, FL	34748	2 3 STREET ADDRESS		
TITLE	SPCDETARY'	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	MICHOLAS O'NEILO		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	LANDENBERG, PA	19350	3 4. CITY-ST-ZIP		
TITLE		L_J D€LFTE	4.1 TITLE		Change Addition
NAME CIDEET ADODESC			4. 2 NAME		
STREET ADDRESS CITY+ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	- 120,500	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-ZiP	certify that the information supplied with	b this filling does not qualify to	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I further	partify that the information
Indicated	ON INIS AMOUAL FAMOR OF SUDDIAMANIAL	Antural toposti is true and accu	urate and that my cionatu	re shall have the same legal effect as if made unifer the shall have the same legal effect as if made unifed by Chapter 607, Florida Statutes; and that	malor ooth, that I am an