

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90094 006 \*\*\*150.00

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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 # V70249**

1. Corporation Name  
**LEED ASSOCIATES OF CENTRAL FLORIDA, INC.**



Principal Place of Business 705 BAY MEADOWS CIR LADY LAKE FL 32159	Mailing Address 705 BAY MEADOWS CIR LADY LAKE FL 32159
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/01/1992**

2. Principal Place of Business 21 <b>13630 SOUTHEAST 90TH COURT</b>	2a. Mailing Address 26 <b>13630 SOUTHEAST 90TH COURT</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>SUMMERFIELD FL</b>	28 City & State <b>SUMMERFIELD, FL</b>
24 Zip <b>34491</b>	25 Country <b>MARION</b>
29 Zip <b>34491</b>	30 Country <b>MARION</b>

4. FEI Number <b>59-3151210</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

**LEED, LARRY B.**  
~~705 BAY MEADOWS CIR  
 LADY LAKE FL 32159~~  
**13630 SOUTHEAST 90TH COURT  
 SUMMERFIELD, FL 34491**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEED, LARRY B.</b>
STREET ADDRESS	<del>705 BAY MEADOWS CIR</del>
CITY-ST-ZIP	<del>LADY LAKE FL</del>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEED, JANIS L.</b>
STREET ADDRESS	<del>705 BAY MEADOWS CIR</del>
CITY-ST-ZIP	<del>LADY LAKE FL</del>
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>13630 SOUTHEAST 90TH COURT</b>
1.4 CITY-ST-ZIP	<b>SUMMERFIELD, FL 34491</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>13630 SOUTHEAST 90TH COURT</b>
2.4 CITY-ST-ZIP	<b>SUMMERFIELD, FL 34491</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: Larry B. Leed **Larry B. Leed (pres)** 2-25-99 352-245-3637  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)