FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K67041 (9)

1. Corporation Name
LESCHER & MAHONEY, INC.

Principal Place of Business
% STAN MERADITH
1509 W SWANN AVE #240
TAMPA FL 33606

Mailing Address
% STAN MERADITH
1509 W SWANN AVE #240
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 47-0708506 — 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

9. Name and Address of Current Registered Agent
MERADITH, STAN
1509 W. SWANN AVE.
SUITE 240
TAMPA FL 33606

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	MERADITH, STAN	1.2 NAME	
STREET ADDRESS	1509 W. SWANN AVE. S 240	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	SR V.P./SECRETARY/DIRECTOR ☒ Change ☐ Addition
NAME	BOEHM, DAVID — REMOVE	2.2 NAME	JAMES P. ROUBAL
STREET ADDRESS	1509 W. SWANN AVENUE	2.3 STREET ADDRESS	1509 W SWANN AVENUE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33606
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	HAINES, JOE	3.2 NAME	
STREET ADDRESS	1509 W SWANN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	RISKOWSKI, JIM	4.2 NAME	
STREET ADDRESS	1509 W SWANN AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	ROUBAL, JAMES P.	5.2 NAME	
STREET ADDRESS	1509 W SWANN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily [illegible] 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 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 [illegible] authorized 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 added.

SIGNATURE: [illegible] Sr. V.P./Secretary 4/27/95 (813) 254-9811
Officer or Director — Date — Daytime Phone #

0298032 CP