FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **02/21/1989**

3a. Date of Last Report: **05/01/1995**

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 (Type or print name of individual signer) (Title if Registered Agent signature required below in ink) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	MERADITH, STAN	
STREET ADDRESS	1509 W. SWANN AVE. S 240	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPSD	☐ DELETE
NAME	ROUBAL, JAMES P.	
STREET ADDRESS	1509 W. SWANN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	HAINES, JOE	
STREET ADDRESS	1509 W SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	RISKOWSKI, JIM	
STREET ADDRESS	1509 W SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	☐ DELETE
NAME	ROUBAL, JAMES P.	
STREET ADDRESS	1509 W SWANN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true and [illegible] for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report [illegible] 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 [illegible] execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in Block 13 per instructions.

SIGNATURE: 4-19-96

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

CR2E034 (12/95)