FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 178709 (2)LEON PRODUCTS, INC.

## **FILED** May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						Q Q   Q Q   4 Q   3 Q    G#
3805 UNIVERSITY BLVD W P. O. BOX 24845 JAX FL 32217		P O BOX 24845 JAX FL 32241		DO NOT WRITE IN THIS :	2DACE	
MA FL 3221	•	US			3. Date Incorporated or Qualified	Dr.AGE.
					05/13/1954	
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0820987	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Counte	y .	8. This corporation owes or has paid the cur	
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent
BE	LCHER, CAROL L.	·	8	Name		
	52 SAN JOSE BLVD #4102		8:	Stroot A	ddress (P.O. Box Number is Not Acceptable)	
	CKSONVILLE FL 32257		64	Sileet Ai	doress (F.O. Box Mariber is Not Acceptable)	
			83	3		
				1 00	- the Windows	7
			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 age			gent signature re	equired when reinstating) DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PT CUED CAROLA	☐ DELETE	1.1 TITLE	1		Change Addition
NAME	BELCHER, CAROL L.		1.2 NAME			];
STREET ADDRESS	9252 SAN JOSE BV., #4102		1	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	Dougat	1.4 CITY-	ST-ZIP		
TITLE	VS	☐ DELETE	21 TITLE			Change Addition
NAME	MERRILL, SANDRA G.		2.2 NAME			
STREET ADDRESS	7 OCEAN REEF DR.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	KEY LARGO FL	I DECEME	2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP		DELETE	3.4 CITY	ST-ZIP		Observed to the second
TITLE		☐ DELETÉ	4.1 TITLE			Change Addition
NAME			4. 2 NAME	1		
STREET ADDRESS			4.3 STREE	1 ADDRESS		
CITY-ST-ZIP		Dritze	4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				t address		
CITY-ST-ZIP		The section	5.4 CiTY-	ST-ZIP		
TITLE		DELET <b>e</b>	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		<u> </u>
CITY-ST-ZIP			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.