

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 219505 (5)  
1. Corporation Name  
LEFFLER COMPANY

Principal Place of Business P.O. BOX 1845 421 S. VA. AVENUE SANFORD FL 32771 US	Mailing Address P.O. BOX 1845 421 S. VA. AVENUE SANFORD FL 32771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1959	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6064452	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LEFFLER, THOMAS V.  
421 VIRGINIA AVE.  
SANFORD FL 32771

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PMD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFLER, THOMAS V.	1.2 NAME	
STREET ADDRESS	P O BOX 4150 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, ELIZABETH	2.2 NAME	
STREET ADDRESS	2025 HIBISCUS CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32772	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLING, ROBERT R.	3.2 NAME	
STREET ADDRESS	1104 PALM SPRINGS TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFELER, KENNETH M.	4.2 NAME	
STREET ADDRESS	1400 WINDSOR AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFFLER, CHARLES W.	5.2 NAME	
STREET ADDRESS	31 WALNUT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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.

SIGNATURE:

Thomas V. Leffler

407/322-1231

CR2E034 (10/97)