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 # **238427** **(9)**

1. Corporation Name

GEORGE A. LEVY INCORPORATED

Principal Place of Business	Mailing Address
2614 W KENNEDY BLVD TAMPA FL 33609	2614 W KENNEDY BLVD TAMPA FL 33609

3. Date Incorporated or Qualified: **07/12/1960**
3a. Date of Last Report: **03/14/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-0903732** ☐ 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

LEVY,GEORGE A
2614 WEST KENNEDY BLVD
TAMPA FL 33609

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, J LEONARD		1.2 NAME		
STREET ADDRESS	1205 DRUID LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMPION, WANDA M.		2.2 NAME		
STREET ADDRESS	10116 N HIGHLAND		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RACHELSON, SAUL		3.2 NAME		
STREET ADDRESS	6717 BENJAMIN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, GLENN L		4.2 NAME		
STREET ADDRESS	4311 BEACH PK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE	900001742508 -03/14/96--01010--022 ***200.00	☐ Change ☐ Addition
NAME	WALTER, JUDITH H		5.2 NAME		
STREET ADDRESS	431 S. RIVERHILLS DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERR FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEVY, GEORGE A		6.2 NAME		
STREET ADDRESS	4611 FIG ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jody L Bone Jody L Bone 1-22-96 (813)879-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ADDITIONAL OFFICERS

7.1 TITLE	V
7.2 NAME	SHEAR, STEPHEN C.
7.3 STREET ADDRESS	206 BOSPHORUS AVE.
7.4 CITY–ST–ZIP	TAMPA, FL 33606

8.1 TITLE	T
8.2 NAME	BONE, JODY L.
8.3 STREET ADDRESS	612 CHILT DRIVE
8.4 CITY–ST–ZIP	BRANDON, FL 33510