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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

2614 W KENNEDY BLVD  
TAMPA FL 33609

Mailing Address

2614 W KENNEDY BLVD  
TAMPA FL 33609-3202

3. Date Incorporated or Qualified

07/12/1960

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-0903732

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	LEVY, J LEONARD	1205 DRUID LANE	TAMPA FL	<input type="checkbox"/>
V	CHAMPION, WANDA M.	10116 N HIGHLAND	TAMPA FL	<input type="checkbox"/>
D	RACHELSON, SAUL	6717 BENJAMIN RD	TAMPA FL	<input type="checkbox"/>
T	BONE, JODY	612 CHILT DRIVE	BRANDON FL 33510	<input type="checkbox"/>
S	WALTER, JUDITH H	431 S. RIVERHILLS DR.	TEMPLE TERR FL	<input type="checkbox"/>
PD	LEVY, GEORGE A	4811 FIG ST	TAMPA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

Jody L Bone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jody L. Bone

Date

1-7-96

Daytime Phone #

(813) 879-7775

CR2E034 (9/96)

### ADDITIONAL OFFICERS

7.1 TITLE	V
7.2 NAME	ZEIGLER, GLENN L
7.3 STREET ADDRESS	4311 BEACH PK DR
7.4 CITY-ST-ZIP	TAMPA, FL

8.1 TITLE	V
8.2 NAME	SHEAR, STEPHEN C.
8.3 STREET ADDRESS	206 BOSPHORUS AVE.
8.4 CITY-ST-ZIP	TAMPA, FL 33606