

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 # 283335 (8)

1. Corporation Name
LEVELOT, INC.



Principal Place of Business
200 W FORSYTH STREET
SUITE 1250
JACKSONVILLE FL 32202-1367

Mailing Address
200 W FORSYTH STREET
SUITE 1250
JACKSONVILLE FL 32202-1367

3. Date Incorporated or Qualified 07/15/1964
3a. Date of Last Report 05/31/1995

2. Principal Place of Business
21 201 N. Hogan Street
Suite, Apt. #, etc.
22 Suite 100
City & State
23 Jacksonville, FL
Zip
24 32202
Country
25 Duval

2a. Mailing Address
26 201 N. Hogan Street
Suite, Apt. #, etc.
27 Suite 100
City & State
28 Jacksonville, FL
Zip
29 32202
Country
30 Duval

4. FEI Number 59-1056630
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

PANKEN, HERBERT
200 W FORSYTH ST., SUITE 1250
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
JOY W. JARRELL
82 Street Address (P.O. Box Number is Not Acceptable)
201 North Hogan Street
83 Suite 100
84 City Jacksonville FL 85 Zip Code 32202

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

Joy W. Jarrell

Joy W. Jarrell

April 16, 1996

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	<input type="checkbox"/> DELETE
PD	REINSTINE, FRANKLIN	200 W FORSYTH ST., 1250	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	REINSTINE, FRANKLIN	201 N. HOGAN STREET, SUITE 100	JACKSONVILLE, FL 32202	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	JOY W. JARRELL	201 N. HOGAN STREET, SUITE 100	JACKSONVILLE, FL 32202	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

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)(k), 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:

Franklin Reinstine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANKLIN REINSTINE, PRESIDENT

(904) 356-8447

Date

Daytime Phone #

CR2E034 (12/95)