

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 18 AM 9:07

DOCUMENT # 312316 (3)

1. Corporation Name

LEAJES, INC.

Principal Place of Business

**5200 SEMINOLE BLVD.
ST. PETERSBURG FL 33708**

Mailing Address

**5200 SEMINOLE BLVD.
ST. PETERSBURG FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1966

3a. Date of Last Report

02/23/1994

4. FEI Number

59-1156175

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 § 198.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

2a. Mailing Address

26

State, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KING, J W
467 N BATH CLUB BLVD
N. REDINGTON BEACH FL 33708**

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 of person or printed name of registered agent and title if applicable)

(Signature of Registered Agent (signature required after nomination))

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

**KING, J W
467 NO. BATH CLUB BLVD.
N. REDINGTON BCH FL**

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S

**KING, LELA J
467 NO. BATH CLUB BLVD.
N. REDINGTON BCH FL**

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO OFFICER AND DIRECTOR INFORMATION

1. CHANGE ☐ ADDITION ☐

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 198.032, 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 liquidator empowered to receive this report as required by Chapter 440, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. W. King **J. W. King**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR