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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

387471

(6)

DOCUMENT # 1. Corporation Name

LERUCO, INC.		
Principal Place of Business	Mailing Address	
2201 W. NAVY BLVD. PENSACOLA FL 32505	P. O. BOX 9443 PENSACOLA FL 32513 US	



3. Date Incorporated or Qualified 3a. Date of Last Report

					08/25/1971	04	4/27/19	95		
Principal Place of Business 2a. Mailing Address					, ,	4. FEI Number			Applied For	7
21		26				59-1307687		1	Not Applicable]
Suite, Apt. #	, etc. W. Fairfield Drive	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required		
City & State	City & State City & State					6. Election Campaign Financing	F==3	\$5.00	May Be	1
23 Pensa	cola FL	28	28			Trust Fund Contribution		•	to Fees	_]
Zip	Country	Zip	Co	untry		8. This corporation has liability for	intangible tax	under s	199.032,	7
24 32501	25 USA	29	30				No			_
	9. Name and Address of Current	Registered Agent				10. Name and Address of New F	egistered A	gent		_
				81	Name					
NELSO!	n, david a.			82	Street Addre	ss (P.O. Box Number is Not Acceptab	ile)			-
2725 HEYWARD DR. PENSACOLA FL 32503			[The state of the s						
			83						7	
				B4	City			last 7.	Code	4
 		1007 4000 51 11 01					FL	<u> </u>		
or registere	o the provisions of Sections 607.0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Section	 Such change was authorized 	s, the ab	corpo	amed corpora vration's board	tion submits this statement for the pull d of directors. I hereby accept the app	pose or char pintment as r	egistered	agent. I am)
SIGNATURE _	Signature, typec or printed name of registered agent i	and tile if applicanio (NOTE	Registere	d Agent	signature required	when reinstation)	DATE			
12.	OFFICERS AND		13.		agrace regimes	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	ق ∤
TIFLE	PD	DELETE	1.1	TITLÉ				Change	Addition	7
NAME	NELSON, DAVID A.		1.21	NAME						1
STREET ADDRESS	2725 HEYWARD DR.		135	STREET.	ADDRESS					CR2E03
CHY-SI-ZIP	PENSACOLA FL			CITY - S1						띯
TITLE	SD	[T] DELETE	2 1 TIT					Change	☐ Addition	შ
NAME	NELSON, VOTIA	_	2.21	NAME			_			
STREET ADDRESS	2725 HEYWARD DR.				ADDRESS					
CHY-ST-ZIP	PENSACOLA FL		241	CITY - \$1	[-7IP					
TITLE	1 2110/10021112	DELETE		TITLE	<u> </u>			Change	Addition	7
NAME			3.21	NAME					_	
STREET ADDRESS			3.3	STREET	ADDRESS					
DITY-ST-ZIP				CiTY-SI	1					
TITLE		☐ DELETE		TITLE] Change	☐ Addition	1
NAME			4.21	NAME						
STREET ADDRESS			4.33	STREET	ADDRESS					
CITY-ST-ZIP				CITY-SI	I					
THILE		☐ DELFTE	_	TITLE] Change	☐ Addition	1
NAME		—	5.21	NAME			_			
STREET ADDRESS					address					
CITY-ST-ZIP			1							
THUE		DELETE		.4 CITY - ST - ZIP			Ė	Change	☐ Addition	1
NAME		_	1	NAMÉ			_	- *	_	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				DITY-S						
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily furnis	hed and	does	not qualify fo	r the exemption stated in Section 119	.07(3)(k), Flor	ida Statut	es. I further	\dashv
certify that oath; that appears in	y certify that the information supplied v the information indicated on this annu I am an officer or director of the corpo Block 12 or Block 13 if changed, or o	al report or supplemental annu- ration or the receive) or trustee In an attrichment with an addire	al report empow is.	je tru ored t	e and accurati o execute this	e and that my signature shall have the report as required by Chapter 607, Fi	same legal e orida Statute	affect as if as; and the	made under at my name	