## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED PROFIT** May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 403704 (0) T. LEROY CORPORATION Principal Place of Business Mailing Address 1380 6TH ST 1380 6TH ST P.O. BOX 886 P.O. BOX 886 DO NOT WRITE IN THIS SPACE W PALM BEACH FL 33402 W PALM BEACH FL 33402 3. Date Incorporated or Qualified 06/23/1972 2. Principal Place of Business 4. FEI Number Applied For NOT APPLICABLE Not Applicable Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible OS'A Yes Yes 24 □ No 25 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBINSON, THOMAS L 1380-6TH STREEET 82 Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 886 WEST PALM BEACH FL 33402 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fixrida 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 tibe if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change ☐ Addition **ROBINSON, THOMAS L** NAME 1.2 NAME 1380 - 6TH STREET STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE **ROBINSON CARL** NAME 2.2 NAME **720-15TH STREET** STREET ADDRESS 2.3 STREFT ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE **ROBINSON THOMAS** NAME 3.2 NAME 720-15TH STREET STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP

14. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

Change

Addition

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP