

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

1996-19-96

B-0010

DOCUMENT # 459756

(3)

1. Corporation Name

LEISURE INDUSTRIES, INC.



Principal Place of Business

212 N LAKE HARTRIDGE DR NW
WINTER HAVEN FLORIDA 33881

Mailing Address

212 N LAKE HARTRIDGE DR NW
WINTER HAVEN FLORIDA 33881

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WILSON, KERRY
LAGE REGION PLAZA, SUITE 300
141 5TH STREET, N.W.
WINTER HAVEN 33883-4608

3. Date Incorporated or Qualified

08/19/1974

3a. Date of Last Report

01/13/1995

4. FEI Number

59-1550531

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

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

Walter L. Roberge PRES

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

(NOTE: Registered Agent's signature required when reappointing)

1/12/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBERGE, WALTER L	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERGE, WALTER L	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBERGE, PHYLLIS J	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBERGE, PHYLLIS J.	
STREET ADDRESS	212 N LAKE HARTRIDGE DR	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINGSTROM, RAYMOND E.	
STREET ADDRESS	3 MAPLE RUN	
CITY - ST - ZIP	HAINES CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

Walter L. Roberge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96

991-956-4112

Daytime Phone #

CR2E034 (12/95)