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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 462760

1. Corporation Name LEYON INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90052 047 ***150.00

LEXUN,	NO.							
Principal Plac	e of Business	Mailing Address				- i immilit ärnen attim tidet immin attit matt miniti	#1814 atmit #1811 #	1811 6184) 1881
6211 N ANDERSON ROAD 6211 N ANDERSON ROAD								
TAMPA FLORIDA 33634 TAMPA FLORIDA 33634							0.004.05	
						DO NOT WRITE IN THI	S SPACE	
{						3. Date incorporated or Qualifed		
						10/07/1974		
2. Principal P	Place of Business	2a. Mailing Address	g Address			4. FEI Number	 	olied For
21		26				59-1633101		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27						
City & State City & State						1 11		•
23 28 28			Country					o rees
Zip	<u> </u>		_	inuy		1		□No I
24			10					
Ì	9. Name and Address of Curren	t Registered Agent		81	Name	IV. Haile and Addiess of the Tragistation		
CASTELLANO, VINCENT JR.								
6211 N ANDERSON ROAD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
				93				
ļ '/ ""				**				
				84	City		85 Zip (ode
	ANDERSON ROAD FLORIDA 33634 82 Street Address (P.O. Box Number is Not Acceptable) 83							
office or r	ropictored agent or both in the State :	of Florida, Such change was auf	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. 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 1. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	at and title if applicable (NOTE: F	Registered	Agent s	ionature required	when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TII	TLE	V-	ice-President	Change	Addition
NAME	CASTELLANO JR, VINCENT		1.2 NA	AME	B ²	rian A. Castellano		
STREET ADDRESS	4103- SALTWATER BLVD		1.3 ST	TREET A	DDRESS 8	616 m: 11.1. T		I 1
	TAMPA, FL 0	· ·				014 limbleberry Lane		l i
CITY-ST-ZIP	SD		14 CF	TY-ST-2	719 1 57	614 Timbleberry Lane		
NAME	CASTELLANO, PATRICIA		1.4 CF 2.1 TF		ZIP 13	ampa, FL 33635	Change	Addition
STREET ADDRESS		☐ DELETE	_	TLE	ZIP I I		Change	
	ALON ON THURTON OUT	☐ DELETE	2.1 TIT 2.2 NA	TLE AME			Change	
CITY-ST-ZIP	4103- SALTWATER BLVD	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE AME TREET A	DDRESS		Change	
·	ALON ON THURTON OUT	☐ DELETE	2.1 TIT 2.2 NA 2.3 ST	TLE AME TREET A SITY-ST-	DDRESS		Change	
-TITLE	4103- SALTWATER BLVD		2.1 TIT 2 2 NA 2.3 ST 2.4 C	TLE AME TREET AI SITY-ST- TLE	DDRESS			Addition
NAME	4103- SALTWATER BLVD		2.1 TIT 22 NA 2.3 ST 2.4 CI 	TLE AME TREET A SITY-ST- TLE AME	DDRESS ZIP			Addition
NAME STREET ADDRESS	4103- SALTWATER BLVD		2.1 TIT 22 NA 2.3 ST 2.4 CI 	TLE AME TREET A TLE AME TREET A	DDRESS ZIP DORESS			Addition
NAME STREET ADDRESS CITY-ST-ZIP	4103- SALTWATER BLVD		2.1 TIT 22 NA 2.3 ST 2.4 CO 3.1 TIT 3.2 NA 3.3 ST 3.4. CO	TLE AME TREET A TLE AME TREET A TREET A	DDRESS ZIP DORESS			Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	4103- SALTWATER BLVD	- DELETE	2.1 TIT 22 NA 2.3 ST 2.4 CC -3 1 TE 32 NA 3.3 ST 3.4 CC 4.1 TE	TLE AME TREET AI TLE AME TREET AI TREET AI TREET AI TLE	DDRESS ZIP DORESS		Change_	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	4103- SALTWATER BLVD	- DELETE	2.1 TII 22 NA 2.3 ST 2.4 CI 3.3 ST 3.3 ST 3.4 CI 4.1 TII 4.2 NA	TLE AME TREET AI TLE AME TREET AI TLE TREET AI TLE TLE TLE AME	DDRESS ZIP DDRESS		Change_	☐ Addition
TITLE	4103- SALTWATER BLVD	- DELETE	2.1 TII 22 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST	TLE AME TREET A TLE AME TREET A CITY-ST- TLE LAME TREET A TLE LAME TREET A	DDRESS ZIP DDRESS ZIP DDRESS		Change_	☐ Addition
TITLE	4103- SALTWATER BLVD	DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI	TLE AME TREET A TLE AME TREET A TLE ITY-ST- TLE TREET A TTY-ST- TTY-ST-	DDRESS ZIP DDRESS ZIP DDRESS		Change_	☐ Addition
TITLE	4103- SALTWATER BLVD	- DELETE	2.1 TII 22 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA 4.3 ST	TLE AME TREET AI TLE AME TREET AI TLE TLE TLE TLE TTY-ST- TLE TLE	DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition Addition
TITLE	4103- SALTWATER BLVD	DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CO 3.1 TII 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA	TLE AME TREET A TLE AME TREET A TLE TLE TLE TLE TLE TLE AME TREET A TLE AME TREET A TLE AME	DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4103- SALTWATER BLVD	DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CC 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TI 5.2 NA 5.3 ST	TILE TREET ALAME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	4103- SALTWATER BLVD	DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CC 4.1 TI 4.2 NA 4.3 ST 4.4 CC 5.1 TI 5.2 NA 5.3 ST 5.4 CC	TLE AME TREET AI TITY-ST- TLE AME TREET AI TITY-ST- TLE AME TREET AI TITY-ST- TLE TREET AI T	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4103- SALTWATER BLVD TAMPA, FL 0	DELETE	2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.3 ST 3.4 CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TII 6.2 NA	TILE AME IREET A AME ITY-ST- TILE AME IREET A AME IREET A AME AME AME AME AME AME AME A	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		Change Change	Addition Addition Addition Addition

6.4 CITY-ST-ZIP 14. I hereby 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 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, with all other like empowered.

SIGNATURE: