

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 466227

1. Entity Name
LEEDY ELECTRIC CORP.



FILED

2005 OCT 10 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1400 ST RD 37 S
MULBERRY, FL 33860

Mailing Address
1400 ST RD 37 S
MULBERRY, FL 33860

2. Principal Place of Business

500 Prairie Industrial Park
Suite, Apt. #, etc.

3. Mailing Address

500 Prairie Industrial Park
Suite, Apt. #, etc.

10072005 REIN-P CR2E098 (6/04)

City & State

Mulberry, FL

Zip
33860

Country

USA

City & State

Mulberry, FL

Zip
33860

Country

USA

4. FEI Number

59-1563407

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEEDY, CECIL H.
1746 OPENFIELD LOOP
BRANDON, FL 33510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-7-05

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME LEEDY, CECIL H
STREET ADDRESS 11605 GROVE LANE
CITY-ST-ZIP SEFFNER, FL 33584

TITLE P ☐ Delete
NAME LEEDY, JOHN P
STREET ADDRESS 4554 OVERLOOK POINT
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ST ☒ Delete
NAME LEEDY, BARBARA W
STREET ADDRESS 311 GREENWOODS DR
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 800060460233
STREET ADDRESS 10/10/05--01081--008 ***150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-05

Date

8163 4252698

Daytime Phone #