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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

498345

(8)

Secretary of State

**FILED** 

May 09 1996 8:00 am

| SKIP  | LEA CO., INC.   |   |                                 |                                  | <br>  | AT ANN BIGH ANDS AND DOWN DIGHT AND NEW YORK |
|---|---|---|---------------------------------|----------------------------------|---|--|
| Principal Place of Business Mailing Address |   |   |                                 |                                  |   |  |
| 13815 S.R. 672<br>WIMAUMA FL 33598          |   | 13815 S.R. 672<br>WIMAUMA FL 33598                            |                                 |                                  |   |  |
| 2 Principal C                               | None of Ducinos   |   |                                 |                                  | 3. Date Incorporated or Qualified 03/05/1976  | 3a. Date of Last Report<br>02/17/1995        |
| 2. Principal Place of Business              |   | 2a. Mailing Address   |                                 | 4. FEI Number                    | Applied For   |  |
| Suite, Apt. #, otc.                         |   | Suite, Apt. #, etc.   |                                 | 59-1781742                       | Not Applicable  |  |
| 22  |   | 27  |                                 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required  |  |
| City & State                                |   | Crty & State  |                                 | 6. Election Campaign Financing   |   |  |
| Zip Country                                 |   | 28  |                                 |                                  | Trust Fund Contribution   | S5.00 May Be Added to Fees                   |
| 24  | las I III III   |   | Country                         |                                  | 8. This corporation has liability for   | intangible tax under s 199.032,              |
| 9. Name and Address of Current Reg          |   | 29 <br>nt Registered Agent                                    | 30 Stered Apent                 |                                  | Florida Statutes   X Yes   No<br>10. Name and Address of New Registered Agent         |  |
|   |   |   | 81                              | Name                             | 10. Name and Address of New I   | Registered Agent                             |
| JUNK, I                                     | MARK A.   |   |                                 |                                  |   |  |
| 13815 9                                     |   |   | 82                              | Street Add                       | ress (P.O. Box Number is Not Acceptat   | ole)   |
| WIMAUI                                      | MA FL 33598   |   | 83                              |                                  |   |  |
|   |   |   | 84                              | Cit.                             |   |  |
|   |   |   | 1 1                             | City                             |   | FL 85 Zip Code                               |
| or register                                 | to the provisions of Sections 607,050;<br>red agent, or both, in the State of Flori | 2 and 607.1508, Florida Statu<br>ida. Such change was authori | ites, the above-r               | amed corpo                       | ration submits this statement for the pur<br>rd of directors. I hereby accept the app | rpose of changing its registered office      |
|   | th, and accept the obligations of, Secl   | tion 607.0505, Florida Statute                                | 26.                             | JI AUGH S DOA                    | rd of offectors. I hereby accept the app  | ointment as registered agent. I am           |
| SIGNATURE                                   | Signature, typed or printed name of registered agona                                |   |                                 |                                  |   |  |
| 12.   |   | D DIRECTORS   | IOTE: Bugistered Agen           | I signature require              |   | CATE   |
| TITLE                                       | B   | DELETE  | 1. 1 TITLE                      |                                  | ADDITIONS/CHANGES TO OFF  |  |
| NAME  | LEA, BRIAN W.   |   | 1.2 NAME                        |                                  |   | Change Addition                              |
| STREET ADDRESS                              | 130 S. SUMMIT   |   | 13 STREET                       | ADDRESS                          |   |  |
| CITY-ST-ZIP                                 | ALMA CENTER WI  |   | 1.4 C(TY-S)                     | -7.6                             |   | 1  |
| TITLE                                       | S DELETE  |   | 2 1 THLE                        |                                  |   | Change Addition                              |
| NAME  | LEA, JULIE A. 130 S. SUMMIT   |   | 2.2 NAME                        |                                  |   |  |
| STREET ADDRESS                              | ALMA CENTER WI 54611  |   | 2 3 STREET                      | ADDRESS                          |   | 1  |
| CITY-ST-ZIP<br>TITLE                        |   |   | 24 CITY- ST                     | -ZIP                             |   |  |
| NAME  | JUNK, MARK A.   |   | 3. 1 TITLE                      |                                  |   | Change Addition                              |
| STREET ADDRESS                              | 13815 STATE ROAD 672  |   | 3.2 NAME                        | 3.3 STREFT ADDRESS               |   |  |
| CITY - ST - ZIP                             | WIMAUMA FL  |   | L L                             | 3.4 CITY-SI-ZIP                  |   | Į  |
| TITLE                                       | DELETE  |   | 4. 1 TITLE                      | - 511,                           |   | Change                                       |
| NAME  | JUNK, TERRI M.  |   | 4.2 NAME                        |                                  |   | Change Addition                              |
| STREET ADDRESS                              | .   |   | 4.3 STREET A                    | DDRESS                           |   |  |
| CITY-ST-ZIP                                 | WIMAUMA FL  |   | 4.4 CITY - ST                   |                                  |   |  |
| THILE                                       | ☐ DELETE  |   | 5 1 TITLE                       | E 1 TITLE                        |   | Change Addition                              |
| NAME  |   |   | 5.2 NAME                        |                                  |   |  |
| STREET ADDRESS                              |   |   | 5 3 STREET A                    | DDRESS                           |   |  |
| CITY-ST-ZIP<br>TITLE                        |   |   | 5.4 CITY - S1                   | ZIP                              |   |  |
| NAME ,                                      | ☐ DELFTE  |   | 6. 1 T(TLE                      |                                  |   | Change Addition                              |
| STREET ADDRESS                              |   |   | 6.2 NAME                        |                                  |   |  |
| CITY-ST-ZIP                                 |   |   | 63 STREET A                     | }                                |   |  |
|   | certify that the information supplied w   | vith this filing is voluntarily furn                          | 6.4 CrTY-S1-<br>nished and does | ZIP  <br>not qualify fo          | r the exemption stated in Section 119.0   | 77/01/04 Fig. 1d - Otto 1                    |

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

√Terri M. Junk

5-2-96

813-634-3881

Daytime Phone #