

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 # 607770 (5)

1. Corporation Name

LETO'S PAINTING, INC.

Principal Place of Business

1511 TRUMAN AVENUE  
KEY WEST FL 33040-3349

Mailing Address

1511 TRUMAN AVENUE  
KEY WEST FL 33040-3349



3. Date Incorporated or Qualified  
01/25/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 3022 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

22 SUITE #3 AND #4

City & State

23 KEY WEST, FLA.

Zip

24 33040

Country

25 USA

2a. Mailing Address

26 3022 N. ROOSEVELT BLVD.

Suite, Apt. #, etc.

27 SUITE #3 AND #4

City & State

28 KEY WEST, FLA.

Zip

29 33040

Country

30 USA

4. FEI Number

59-1913972

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

9. Name and Address of Current Registered Agent

LETO, ELMIRA L  
3705 PEARLMAN COURT  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

SAME

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

Signature typed or printed name of registered agent and principal officer

(NOTE: Registered Agent signature required when not stated)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME

STREET ADDRESS

CITY-ST-ZIP

D  
LETO, DAROLD  
3705 PEARLMAN CT  
KEY WEST, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VSP  
LETO, ELMIRA  
3705 PEARLMAN CT  
KEY WEST, FL 00000

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

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☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

305-294-1712

Daytime Phone

CR2E034 (12/95)