SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **643016** **(9)**

1. Corporation Name
LESLEY GROVES, INC.

Principal Place of Business	Mailing Address
2910 HAWTHORNE RD TAMPA FL 33611	804 S WOODLYN DR TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/24/1979**
3a. Date of Last Report: **05/10/1994**

2. Principal Place of Business (21): **804 S. Woodlyn DR**
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): **TAMPA FL**
City & State (28):
Zip (24): **33609** Country (25): **USA**
Zip (29): Country (30):

4. FEI Number: **59-1944000** ☐ 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

LESLEY, JOHN T.
2910 HAWTHORNE RD.
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **3501 BAYSHORE BLVD**
83: **#710**
84 City: **TAMPA, FL** **FL** 85 Zip Code: **33629**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEDBEE, INDIA LL	1.2 NAME	
STREET ADDRESS	4601 WARREN ST N W	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON, DC 00000	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☑ Change ☐ Addition
NAME	LESLEY, LOUSIA	2.2 NAME	
STREET ADDRESS	2910 HAWTHORNE RD	2.3 STREET ADDRESS	3501 Bayshore Blvd #710
CITY-ST-ZIP	TAMPA, FL 00000	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	LESLEY, JOHN T. JR	3.2 NAME	
STREET ADDRESS	804 S. WOODLYN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BRACEY, SUSAN L.	4.2 NAME	
STREET ADDRESS	15340 BETHANY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA, GA 00000	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	☑ Change ☐ Addition
NAME	LESLEY, JOHN T	5.2 NAME	
STREET ADDRESS	2910 HAW THORNE RD	5.3 STREET ADDRESS	3501 Bayshore Blvd #710
CITY-ST-ZIP	TAMPA, FL 00000	5.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 attached amendment, with an address.

SIGNATURE: John T. Lesley Jr JOHN T. Lesley JR 7-24-95 813-875-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000370 CP