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FILED
Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 643016 (9)

1. Corporation Name
LESLEY GROVES, INC.

Principal Place of Business

804 S WOODLYN DR
TAMPA FL 33609
US

Mailing Address

804 S WOODLYN DR
TAMPA FL 33609-4041
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/24/1979

3a. Date of Last Report

04/02/1996

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.
35014 BAYSHORE BLVD STE 710
TAMPA FL 33629

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

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 the Approver

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D WHEDBEE, INDIA LL ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
4601 WARREN ST N W
WASHINGTON, DC 00000

TITLE TD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LESLEY, LOUSIA
3501 BAYSHORE BVD STE 710
TAMPA, FL 00000

TITLE VSD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LESLEY, JOHN T. JR
804 S. WOODLYN DR.
TAMPA, FL 00000

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
BRACEY, SUSAN L.
15340 BETHANY RD
ALPHARETTA, GA 00000

TITLE DP ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
LESLEY, JOHN T
3501 BAYSHORE BLVD STE 710
TAMPA, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

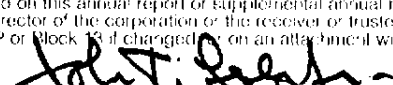
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: 

3-13-97

812-554-3260

CR2E034 (9/96)