

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

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DOCUMENT # 643016

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1979

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 owes the current year Intangible  
Personal Property Tax.



Yes



No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME WHEDBEE, INDIA LL  
STREET ADDRESS 4601 WARREN ST N W  
CITY-ST-ZIP WASHINGTON, DC 00000

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

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

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

TITLE DP ☐ DELETE  
NAME LESLEY, JOHN T  
STREET ADDRESS 3501 BAYSHORE BLVD STE 710  
CITY-ST-ZIP 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 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, or on an attachment with an address, with all other life empowered.

SIGNATURE:

John T. Lesley, Jr. REGISTERED AGENT

Date

Daytime Phone #

CR2E034 (11/98)

0388195