

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 646492

(9)

1. Corporation Name

CHARLES M. LEONARD, INC.



Principal Place of Business

2426 MAYPORT ROAD
SUITE TWO
ATLANTIC BEACH FL 32233

Mailing Address

2426 MAYPORT ROAD
SUITE TWO
ATLANTIC BEACH FL 32233

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEONARD, CHARLES M.
509 LIGHTHOUSE COURT
NEPTUNE BEACH FL 32266

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 607.0507 and 607.1106, 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 of Registered Agent

Signature of Agent Submitting Report

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	LEONARD, CHARLES M	509 LIGHTHOUSE COURT	NEPTUNE BCH FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
15				☐	☐	☐
16				☐	☐	☐
17				☐	☐	☐
18				☐	☐	☐
19				☐	☐	☐
20				☐	☐	☐

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption statement 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 registered agent of the corporation, and that my signature is required to be included in this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 904/241-7675
Date of Filing #

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