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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:09

DOCUMENT # **684154** **(8)**

1. Corporation Name
**FOURLEAF, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 445 N. COUNTY RD. 427<br>LONGWOOD FL 32750 | 445 N. COUNTY RD. 427<br>LONGWOOD FL 32750 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1980
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business
21: 42 Minnehaha Circle
Suite, Apt. #, etc. 22:
City & State 23: Maitland, Fl.
Zip 24: 32751 Country 25: Orange

2a. Mailing Address
26: 42 Minnehaha Circle
Suite, Apt. #, etc. 27:
City & State 28: Maitland, Fl.
Zip 29: 32751 Country 30: Orange

4. FEI Number: 59-2029588 ☐ 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

HAIGHT, BERT A
42 MINNEHAHA CIRCLE
MAITLAND FL 32751

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 _____ 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 IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAIGHT, BERT A | 1.2 NAME | |
| STREET ADDRESS | 42 MINNEHAHA CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | HAIGHT, ELSIE M | 2.2 NAME | |
| STREET ADDRESS | 42 MINNEHAHA CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MAITLAND, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | VP | 3.1 TITLE | ☒ Change ☐ Addition |
| NAME | KENNEDY, JOHN | 3.2 NAME | The office of Vice President |
| STREET ADDRESS | 2425 PRINCETON AVE | 3.3 STREET ADDRESS | has been eliminated. Please delete the |
| CITY-ST-ZIP | SANFORD FL | 3.4 CITY-ST-ZIP | name of John Kennedy. |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 attachment with an address.

**SIGNATURE:** Bert Haight 1/25/95 (407) 339-0386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040777 CP