

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 28 PM 3:25  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 829848 (1)**  
1. Corporation Name  
**THE LERIO CORPORATION**

Principal Place of Business Mailing Address  
**P.O. BOX 2084  
1501 TELEGRAPH RD.  
MOBILE AL 36652** **P.O. BOX 2084  
1501 TELEGRAPH RD.  
MOBILE AL 36652**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1973** 3a. Date of Last Report **05/01/1994**

4. FEI Number **63-0123555** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBSON, MICHAEL G.  
1865 CHAUCER WAY  
KISSIMMEE FL 34744**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VP</b>
NAME	<b>CHRISTIAN, MARK M.</b>
STREET ADDRESS	<b>2013 JAPONICA LANE</b>
CITY-ST-ZIP	<b>MOBILE AL 36693</b>
TITLE	<b>D</b>
NAME	<b>SMITH, WATSON</b>
STREET ADDRESS	<b>P. O. BOX 1988 - 104 ST. FRANCIS ST N/A</b>
CITY-ST-ZIP	<b>MOBILE AL</b>
TITLE	<b>PD</b>
NAME	<b>GALLONEY, FRANK H III</b>
STREET ADDRESS	<b>SEA BREEZE</b>
CITY-ST-ZIP	<b>MONTROSE AL</b>
TITLE	<b>DC</b>
NAME	<b>WELCH, WILLIAM B</b>
STREET ADDRESS	<b>121 PINEBROOK DR. E.</b>
CITY-ST-ZIP	<b>MOBILE AL</b>
TITLE	<b>D</b>
NAME	<b>CROW, JAMES S.</b>
STREET ADDRESS	<b>10 PINE GROVE DRIVE</b>
CITY-ST-ZIP	<b>POINT CLEAR AL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JOHN C. HOPE</b>	
1.3 STREET ADDRESS	<b>3900 Spring Bank Road</b>	
1.4 CITY-ST-ZIP	<b>Mobile, AL 36608</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HOLLIS PEACE</b>	
2.3 STREET ADDRESS	<b>2903 Berkly Drive</b>	
2.4 CITY-ST-ZIP	<b>Valdosta, GA 31602</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RICHARD SKINNER</b>	
3.3 STREET ADDRESS	<b>19111 Scenic Hwy. 98</b>	
3.4 CITY-ST-ZIP	<b>Fairhope, AL 36532</b>	
4.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DON BAILEY</b>	
4.3 STREET ADDRESS	<b>4209 Wilkinson Way</b>	
4.4 CITY-ST-ZIP	<b>Mobile, AL 36608</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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: **Frank Galloney** 4-13-95/334-457-7661  
Date