

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **F01647**

(9)

1. Corporation Name
LEO DEVELOPMENT, INC.



Principal Place of Business
**167 108TH AVE.
TREASURE ISLAND FL 33706
US**

Mailing Address
**167 108TH AVENUE
TREASURE ISLAND FL 33706-4701
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**NICKERSON, GALE
10404 CAPRI CIRCLE N
TREASURE ISLAND FL 33708**

3. Date Incorporated or Qualified
10/15/1980

3a. Date of Last Report
01/25/1996

4. FEI Number
59-2036928

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 NAME **PST** ☐ DELETE

102 NAME **NICKERSON, GALE A**

103 STREET ADDRESS **10211 3RD ST E**

104 CITY- ST- ZIP **TREASURE ISLAND, FL00000**

105 NAME ☐ DELETE

106 NAME ☐ DELETE

107 STREET ADDRESS ☐ DELETE

108 CITY- ST- ZIP ☐ DELETE

109 NAME ☐ DELETE

110 NAME ☐ DELETE

111 STREET ADDRESS ☐ DELETE

112 CITY- ST- ZIP ☐ DELETE

113 NAME ☐ DELETE

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119 STREET ADDRESS ☐ DELETE

120 CITY- ST- ZIP ☐ DELETE

121 NAME ☐ DELETE

122 NAME ☐ DELETE

123 STREET ADDRESS ☐ DELETE

124 CITY- ST- ZIP ☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

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62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

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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, or on an attachment with an address.

SIGNATURE:

Gale Nickerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-97 *813-367-8002*

CR2E034 (9/96)