

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 2:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F52781** (4)

1. Corporation Name  
**BUSINESS COMMUNITIES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**LEEWARD, JAMES K**  
**7801 S E 58TH AVENUE**  
**OCALA FL 34480-7727**  
**US**

3. Date Incorporated or Qualified **11/05/1981** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **62-1137708** Applied For Not Applicable

22 State, Apt #, etc 27 State, Apt # etc

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 25 County 29 City 30 County

6. This Corporation has liability for intangible tax under C. 199.030, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEEWARD, JAMES K**  
**7801 SE 58TH AVE**  
**OCALA FL 34480**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE **D**  
12.2 NAME **PERRY, J A**  
12.3 STREET ADDRESS **RT 1 BOX 3470**  
12.4 CITY, ST, ZIP **BELLEVIEW, FL 00000**

12.5 TITLE **DP**  
12.6 NAME **LEEWARD, JAMES K**  
12.7 STREET ADDRESS **2409 S.E. 7TH ST.**  
12.8 CITY, ST, ZIP **OCALA, FL 00000**

12.9 TITLE **VAS**  
12.10 NAME **PERRY, J.A.**  
12.11 STREET ADDRESS **7547 SE 110TH ST**  
12.12 CITY, ST, ZIP **BELLEVIEW FL**

12.13 TITLE **S**  
12.14 NAME **CURRY, LANDIS V JR**  
12.15 STREET ADDRESS **21 N E 1ST AVE**  
12.16 CITY, ST, ZIP **OCALA, FL 00000**

12.17 TITLE  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 CITY, ST, ZIP

12.21 TITLE  
12.22 NAME  
12.23 STREET ADDRESS  
12.24 CITY, ST, ZIP

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY, ST, ZIP **34420**

13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY, ST, ZIP **34471**

13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY, ST, ZIP **34471**

13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY, ST, ZIP

13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 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 119.02(3)(b), 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 in an attachment with an address.

SIGNATURE: BY: **James K. Leeward**

5/1/95 (904) 245-7007

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR