

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F52781

(4)

1. Corporation Name

BUSINESS COMMUNITIES, INC.



Principal Place of Business

LEEWARD, JAMES K  
7801 S E 58TH AVENUE  
OCALA FL 34480-7727  
US

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

05/01/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number

62-1137708

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

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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

Signature typed or printed name of registered agent and filer (applicable) (NOTE: Registered Agent's signature required when new state filer)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PERRY, J A	
STREET ADDRESS	RT 1 BOX 3470	
CITY - ST - ZIP	BELLEVIEW, FL 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LEEWARD, JAMES K	
STREET ADDRESS	2409 S.E. 7TH ST.	
CITY - ST - ZIP	OCALA, FL 00000	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	PERRY, J.A.	
STREET ADDRESS	7547 SE 110TH ST	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CURRY, LANDIS V JR	
STREET ADDRESS	21 N E 1ST AVE	
CITY - ST - ZIP	OCALA, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James K. Leeward

4/23/96 352-245-7007

Date

Display Phone #

CR2E034 (12/95)