

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**

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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29

9. Name and Address of Current Registered Agent
**LEEWARD, JAMES K
7801 SE 58TH AVE
OCALA FL 34480**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 or director (Applicable) (NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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 Time Telephone #

CP2E034 (12/95)