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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

F9600000857 (0)

LEAH, LTD. INC.

Principal Place of Business	ì
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Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



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2431 E. COOKED LAKE BLVD. EUSTIS FL 32726 2431 E. COOKED LAKE BLVD. **EUSTIS FL 32726** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 42-1289135 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAVENMIER, DERRIN L SAME 1705 ALVARADO CT 82 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 84 City Zip Code **32726** 85 EUSTIS 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE SAME GRAVENMIER, DERRIN L 1.2 NAME NAME SAME 1705 ALVARADO CT E CROOKED CAME CLUS STREET ADDRESS 1.3 STREET ADDRESS ユリスノ LONGWOOD FL 32779 1.4 CHY-ST-ZIP E 45 115 CITY-ST-ZIP VCST DELETE Change Addition TITLE 2.1 TITLE SHME **GRAVENMIER, DEBRA C** SAME NAME 2.2 NAME 8000 GARE CLUB E CANOKED 1705 ALVARADO CT 293/ STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL 32779 26 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 of the recover 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 attal timent with an address.