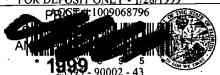
FIREPROVE PIENCAFEE AFTER MAY 1ST IS \$550.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G15769 1. Corporation Name

LEONHARDT ENTERPRISES, INC.

FILED Jan 28, 1999 8:00am Secretary of State

01-28-1999 90005 001 ***150.00

Mailing Address Principal Place of Business 919 VALENCIA AVENUE 919 VALENCIA AVENUE 32804 32804-7029 32804 32804-7029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/29/1982 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State! Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zip Country Zip Personal Property Tax. 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEONHARDT, FREDERICK W. Street Address (P.O. Box Number is Not Acceptable) 82 919 VALENCIA AVENUE ORLANDO FL 32804 85 Zip Code 84 City 1.1. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE LEONHARDT, FREDERICK W 1.2 NAME NAME 919 VALENCIA AVENUE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRES 2.4 CITY-ST-ZIP C/TY-ST-ZIF ☐ Addition ☐ Change DELETE 3.1 TITLE 3.2 NAME NAME -3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE -TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE TITLE ķ. 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 6.2 NAME NAME

14. I 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 chapted or off an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//\qq Date -407-244-5655

aytime Phone #

CR2E034 (11/98)