

4-22-97 B. 5157 -C

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

FILED

Apr 22 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31183

(8)

1. Corporation Name

LEONARD'S SERVICE, INC.

Principal Place of Business

820 N 8TH ST
STE 2
LANTANA FL 33462
US

Mailing Address

820 N 8TH ST
STE 2
LANTANA FL 33462-1666
US

3. Date Incorporated or Qualified

03/30/1983

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 1116 S. Dixie Hwy
Suite, Apt. #, etc.

2a. Mailing Address

26 1116 S. Dixie Hwy
Suite, Apt. #, etc.

4. FEI Number

59-2277982

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 Lantana, FL

City & State

28 Lantana, FL

Zip

24 33462

Country

25 Palm Bch, US

Zip

29 33462

Country

30 Palm Bch, US

9. Name and Address of Current Registered Agent

LEONARD, CAROL L
118 LAKE PINE CIR
#D2
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST
NAME SCOURTAS, TERRI R.
STREET ADDRESS 7743 BISHOPWOOD RD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETETITLE P
NAME LEONARD, CAROL L.
STREET ADDRESS 118 LAKE PINE CIR #D-2
CITY-ST-ZIP LAKE WORTH FL ☐ DELETETITLE V
NAME SCOURTAS, JAMES
STREET ADDRESS 7743 BISHOPWOOD RD
CITY-ST-ZIP LAKE WORTH FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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 changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone

CR2E034 (9/96)