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 # G96917 (1)

1. Corporation Name

LEON WADE INCORPORATED

Principal Place of Business	Mailing Address
% WILLIAM A. MCARTHUR 569 EDGEWOOD AVE., SOUTH JACKSONVILLE FL 32205	% WILLIAM A. MCARTHUR 569 EDGEWOOD AVE., SOUTH JACKSONVILLE FL 32205

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2468072 ☐ 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

9. Name and Address of Current Registered Agent

MCARTHUR, WILLIAM A.
569 EDGEWOOD AVE., SOUTH
JACKSONVILLE FL 32205

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

	Officer	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCARTHUR, D.W. 4835 ARAPAHOE AVENUE JACKSONVILLE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST MC ARTHUR, D. W. III 4835 ARAPAHOE AVENUE JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCARTHUR, WILLIAM A. 1820 SHADOWLAN JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WADE, N.G. III 154 EL TERRACE FOLKSTON GA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, MARGARET W. ROUTE 2, BOX 78 ENOREE, SC.	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Entry	Details	Change	Addition
1 (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)		☐	☐
2 (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)		☐	☐
3 (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)	PD MC ARTHUR WILLIAM A 569 EDGEWOOD AVE SOUTH JACKSONVILLE, FLA 32205	☒	☐
4 (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)		☐	☐
5 (TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP)		☐	☐
6 (TITLE / NAME / STREET ADDRESS / 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 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. MC ARTHUR / PD

4-16-96 (Date) 904 388 3561 (Daytime Phone #)

CR2E034 (12/95)