

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

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Feb 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address
**% WILLIAM A. MCARTHUR
569 EDGEWOOD AVE., SOUTH
JACKSONVILLE FL 32205-5332**

3. Date Incorporated or Qualified **04/16/1984** 3a. Date of Last Report **04/24/1996**
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCARTHUR, D.W.			1.2 NAME			
STREET ADDRESS	4835 ARAPAHOE AVENUE			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP			
TITLE	VDST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MC ARTHUR, D. W. III			2.2 NAME			
STREET ADDRESS	4835 ARAPAHOE AVENUE			2.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCARTHUR, WILLIAM A.			3.2 NAME			
STREET ADDRESS	569 EDGEWOOD AVE SOUTH			3.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WADE, N.G. III			4.2 NAME			
STREET ADDRESS	154 EL TERRACE			4.3 STREET ADDRESS			
CITY - ST - ZIP	FOLKSTON GA			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, MARGARET W.			5.2 NAME			
STREET ADDRESS	ROUTE 2, BOX 78			5.3 STREET ADDRESS			
CITY - ST - ZIP	ENOREE, SC.			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: *William A. McArthur* **WILLIAM A. MC ARTHUR 2-5-97 904 388 3561**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)