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 # H43114 (8)

1. Corporation Name
LECO ENTERPRISES INC.

Principal Place of Business	Mailing Address
% WILLIAM R. LECOUMPTE. JR. 3612 EAGLE AVENUE KEY WEST FL 33040	% WILLIAM R. LECOUMPTE. JR. 3612 EAGLE AVENUE KEY WEST FL 33040

3. Date Incorporated or Qualified: **02/14/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2513653** ☐ Applied For ✔ Not Applicable

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

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**

LECOUMPTE, WILLIAM R., JR.
3612 EAGLE AVENUE
KEY WEST FL 33040

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 ____________ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LECOUMPTE, JR., WILLIAM	
STREET ADDRESS	3612 EAGLE AVE	
CITY-ST-ZIP	KKEY WEST FL	
TITLE	V	☐ DELETE
NAME	LECOUMPTE, NORA L.	
STREET ADDRESS	3612 EAGLE AVE.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	☐ DELETE
NAME	LECOUMPTE, NICOLAS A.	
STREET ADDRESS	3612 EAGLE AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	V	☐ DELETE
NAME	LECOUMPTE, WILLIAM R. III	
STREET ADDRESS	11120 N.W. 27TH PL	
CITY-ST-ZIP	SUNRISE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: William R. LeCoumpte Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William R. LeCoumpte Jr.

5/16/96 — Date
305-294-0033 — Daytime Phone #