FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H99547 (2)

1. Corporation Name
LE-BO PROPERTIES CORPORATION

Principal Place of Business
25180 CORTEZ BLVD.
BROOKSVILLE FL 34601

Mailing Address
25180 CORTEZ BLVD.
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 701 S. Broad St.
Suite, Apt. #, etc. 22
City & State 23 Brooksville, Fl.
Zip 24 34601 Country 25

2a. Mailing Address
26 701 S. Broad St.
Suite, Apt. #, etc. 27
City & State 28 Brooksville, Fl.
Zip 29 34601 Country 30

4. FEI Number 59-2651045 ☐ 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
KIBBEY, THOMAS F
924 STETSON TERRACE
INVERNESS FL 34450

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 701 S. Broad St.
83
84 City Brooksville FL 85 Zip Code 34601

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 Thomas F. Kibbey 4-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SALMON, NANCY H.	1.2 NAME	
STREET ADDRESS	33278 PENNSYLVANIA AVE	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	RIDGE MANOR FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KIBBEY, FRED L.	2.2 NAME	
STREET ADDRESS	515 PARK WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NEAL, RALPH L.	3.2 NAME	
STREET ADDRESS	5232 SW 9 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	SDV	4.1 TITLE	☐ Change ☐ Addition
NAME	KIBBEY, THOMAS F.	4.2 NAME	
STREET ADDRESS	924 STETSON TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	
TITLE	PTD	5.1 TITLE	☐ Change ☐ Addition
NAME	KUCHLE, JEFFREY G.	5.2 NAME	
STREET ADDRESS	214 SW 43RD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Thomas F. Kibbey 4-10-95 (904) 799-0784
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR Date Daytime Phone #

0984430 CP