

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 # **H99547** (2)

1. Corporation Name

LE-BO PROPERTIES CORPORATION



Principal Place of Business

701 S BROAD ST
BROOKSVILLE FL 34601
US

Mailing Address

701 S BROAD ST
BROOKSVILLE FL 34601
US

3. Date Incorporated or Qualified

02/17/1986

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2651045

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIBBEY, THOMAS F
701 S BROAD ST
BROOKSVILLE FL 34601**

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

Thomas F. Kibbey **Thomas F. Kibbey**

4-22-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D KIBBEY, FRED L.**
STREET ADDRESS **515 PARK WAY**
CITY-ST-ZIP **BROOKSVILLE FL**

TITLE ☐ DELETE

NAME **D NEAL, RALPH L.**
STREET ADDRESS **5232 SW 9 PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE ☐ DELETE

NAME **SDV KIBBEY, THOMAS F.**
STREET ADDRESS **924 STETSON TERR**
CITY-ST-ZIP **INVERNESS FL**

TITLE ☐ DELETE

NAME **PTD KUCHLE, JEFFREY G.**
STREET ADDRESS **214 SW 43RD ST**
CITY-ST-ZIP **CAPE CORAL 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

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:

Thomas F. Kibbey **Thomas F. Kibbey**

4-22-96

DATE

(352) 799-0784

DISPATCH PHONE #

CR2E034 (12/95)