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 # **H99548** **(0)**

1. Corporation Name

BRITTANY LEIGH, INC.

Principal Place of Business	Mailing Address
PO BOX 15626 CLEARWATER FL 34629 US	PO BOX 15626 CLEARWATER FL 34629 US

2. Principal Place of Business	2a. Mailing Address
21 2737 Enterprise Rd., E	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 111	27
City & State	City & State
23 Clearwater, FL	28
Zip / Country	Zip / Country
24 34619 / 25 Pinellas	29 / 30

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 05/01/1995
4. FEIN number: 59-2658100 (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

SALMON, EDWIN B JR
2737 ENTERPRISE RD E
UNIT 111
CLEARWATER FL 34619

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	SD	☒ DELETE
NAME	SALMON, EDWIN B., JR.	
STREET ADDRESS	2737 ENTERPRISE RD., E #111	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	☒ DELETE
NAME	RUSSELL, CARMEN R	
STREET ADDRESS	2737 ENTERPRISE RD., E #111	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
11 TITLE	P/D	☒ Change ☐ Addition
12 NAME	Salmon, Edwin B., Jr.	
13 STREET ADDRESS	2737 Enterprise Rd., E #111	
14 CITY-ST-ZIP	Clearwater, FL 34619	
21 TITLE	S/D	☒ Change ☑ Addition
22 NAME	David E. Salmon	yes
23 STREET ADDRESS	2737 Enterprise Rd., E #111	
24 CITY-ST-ZIP	Clearwater, FL 34619	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, 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 if changed, added or deleted.

SIGNATURE: David E. Salmon DAVID E. SALMON 3-11-96 (813) 734-5189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #