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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:15

DOCUMENT # J17696 (2)

1. Corporation Name
LEON PROCTOR CUSTOM FRAMING, INC.

Principal Place of Business	Mailing Address
% LEON EDWIN PROCTOR 793 COLEMAN AVENUE DELTONA FL 32725	% LEON EDWIN PROCTOR 793 COLEMAN AVENUE DELTONA FL 32725

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/05/1986
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2728195 (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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

PROCTOR, LEON EDWIN
793 COLEMAN AVENUE
DELTONA FL

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: PROCTOR, LEON EDWIN, PRESIDENT — 2/3/95
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	DP	1.1 TITLE	S	☐ Change ☒ Addition
NAME	PROCTOR, LEON EDWIN	1.2 NAME	CHAVIS, JOE EARL, JR.	
STREET ADDRESS	793 COLEMAN AVENUE	1.3 STREET ADDRESS	954 North DEAN Circle	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, CYNTHIA ANN	2.2 NAME		
STREET ADDRESS	793 COLEMAN AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, LEON EDWIN, JR.	3.2 NAME		
STREET ADDRESS	2013 DEARING AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FA	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	Resigned	☒ Change ☐ Addition
NAME	PROCTOR, THOMAS WAYNE	4.2 NAME	PROCTOR, THOMAS WAYNE	
STREET ADDRESS	2419 ALAMANDA AVE.	4.3 STREET ADDRESS	2419 ALAMANDA AVE.	
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELTONA, FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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 if changed, or on an attachment with an addition.

SIGNATURE: LEON EDWIN PROCTOR 2/3/95 407/574-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0414410 FP