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 # **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

3. Date Incorporated or Qualified: **06/05/1986**
3a. Date of Last Report: **02/09/1995**
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	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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	5	☐ Change ☒ Addition
NAME	PROCTOR, LEON EDWIN		12 NAME	JONATHAN R. BOREY	
STREET ADDRESS	793 COLEMAN AVENUE		13 STREET ADDRESS	1695 LEE ROAD B205	
CITY-ST-ZIP	DELTONA FL		14 CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	DV	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, CYNTHIA ANN		22 NAME		
STREET ADDRESS	793 COLEMAN AVENUE		23 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PROCTOR, LEON EDWIN, JR.		32 NAME		
STREET ADDRESS	2013 DEARING AVE		33 STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FA		34 CITY-ST-ZIP		
TITLE	S	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CHAVIS, JR. J		42 NAME		
STREET ADDRESS	954 NORTH DEAN CIRCLE		43 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 address.

SIGNATURE: Leon P. Proctor 2/23/96 407-574-5135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #