FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

DOCUMENT #

J41809

(1)

ROBERT E. LESNIAK, INC.

Principal Place of Business Mailing Address							14 1411 81411 61611)1 I I I I
10812 FRON PANAMA CIT	T BEACH ROAD IY FL 32407	10612 W HWY 98 Panama City FL 32	2407						
US						3. Date Incorporated or Qualified 11/05/1986		Date of Last Report 04/17/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26				NOT APPLICABLE		\$8.75 Addition	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	~		5. Certificate of Status Desired		Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May B	,	
23 Zip	Country	Zip	Cou	intry		8. This corporation has liability for	iritangible tax	under s 199.032	2,
24]	25	29	30]	.		Florida Statutes Yes			
	9. Name and Address of Curr	ent Registered Agent		 		10. Name and Address of New I	Registered A	jent	
				81	Name				
	K, ROBERT E.			82	Street Addr	dress (P.O. Box Number is Not Acceptable)			
	FRONT BEACH ROAD IA CITY FL			83					
PANAM	IA OIIT FL							85 Zip Code	
				84	"PANA	MA CITY BEACH	FL	3240	۶٦ _
familiar wil	th, and accept the obligations of, Si Signature, typed or printed name of registeren a	port and tills if application (SS.			d of directors. Thereby accept the application of directors and the application of directors and directors are directors. ADDITIONS/CHANGES TO OF	DATE		
12.	OFFICERS A	AND DIRECTORS		nn F		ADDITIONS/CHANGES TO OF		Change	
TITLE NAME	LESNIAK, ROBERT E.		1.2 N						
STREET ADDRESS	10812 FRONT BEACH RO)AD	13S	THEET A	ADDRESS ;	. 1			
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NAME			6.2	NAM:					
STREET ADDRESS			63	STREFT	ADDRESS				
CITY-ST-ZIP				CITY - S		for the exemption stated in Section 11	a nzigiju. Fla	ida Statutes I fin	rther
المحمدا بالبال والها	h416 . Alice tha information numb	wa with this time is voluntarily to	uroished and	1.000	> CELL CHERNIEV.	TO THE EXCITIONAL STATED IT OCCUUM III	U ULIQUEN, I IUI	AND DESCRIPTION FOR	

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. 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 logal 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:

SOUTE WEALTH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

964-235-2800