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

APPROVED AND FILED
95 MAY -1 PM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45101** **(9)**

1. Corporation Name
LEISURE BAY DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810-1271	6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810-1271

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/26/1986
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business	2a. Mailing Address
21 3033 Mercy Dr.	26 3033 Mercy Dr.
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27
City & State 23 Orlando, FL 32808	City & State 28 Orlando, FL 32808
Zip / Country 24 32808 / 25 Orange	Zip / Country 29 32808 / 30 Orange

4. FEI Number: 59-2750214 ☐ 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

EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810-1271

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3033 Mercy Dr.
83
84 City: Orlando FL 85 Zip Code: 32808

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	1.1 TITLE		☒ Change ☐ Addition
NAME	DOEBLER, DONALD W.	1.2 NAME		
STREET ADDRESS	6333 N ORANGE BLOSSOM TR	1.3 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	VST	2.1 TITLE		☒ Change ☐ Addition
NAME	EDGAR, CANDICE B.	2.2 NAME		
STREET ADDRESS	6333 N ORANGE BLOSSOM TR	2.3 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32808	
TITLE	V	3.1 TITLE		☒ Change ☐ Addition
NAME	SAVAGE, LAWRENCE R	3.2 NAME		
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201	3.3 STREET ADDRESS	3033 Mercy Dr.	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32808	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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 address.

SIGNATURE: _____ 4-25-95 (407)297-0141
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Candice B Edgar Vice President

0048170 CP