

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J45101 (9)

1. Corporation Name:
LEISURE BAY DISTRIBUTING, INC.

Principal Place of Business

3033 MERCY DR
SUITE C
ORLANDO FL 32808
US

Mailing Address

3033 MERCY DR
ORLANDO FL 32808-3113
US



2. Principal Place of Business

21 4157 Seaboard Road

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL

Zip

24 32808

Country

25 US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/26/1986

3a. Date of Last Report

05/20/1996

4. FEI Number

59-2750214

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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.
3033 MERCY DR
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

Paul W. Moses II

82 Street Address (P.O. Box Number is Not Acceptable)

Maguire, Voorhis & Wells, P.A.

83

Two South Orange Plaza

84 City

Orlando

85

Zip Code

FL

32802

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/97

12. OFFICERS AND DIRECTORS

TITLE DC ☒ DELETE

NAME DOEBLER, DONALD W.

STREET ADDRESS 3033 MERCY DR

CITY-ST-ZIP ORLANDO FL

TITLE VST ☐ DELETE

NAME EDGAR, CANDICE B.

STREET ADDRESS 3033 MERCY DR

CITY-ST-ZIP ORLANDO FL

TITLE P ☐ DELETE

NAME DOEBLER, DAVID R

STREET ADDRESS 3033 MERCY DR

CITY-ST-ZIP ORLANDO 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE v/s ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Orlando, FL 32808

3.1 TITLE P/D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Orlando, FL 32808

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Candice B. Edgar 4-16-97 (407) 297-0141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)