

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 2: 28

DOCUMENT # J51927 (8)

1. Corporation Name

LEDGER, INC.

Principal Place of Business

% DIANE HARTLEB
8160 GRIFFIN ROAD
DAVIE FL 33328

Mailing Address

% DIANE HARTLEB
8160 GRIFFIN ROAD
DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1987	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2757195	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$6.75 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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

HARTLEB, DIANE
8160 GRIFFIN ROAD
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
8450 Lagos De Campo Blvd.
83 Unit 207
84 City
Tamarac FL 85 Zip Code
33321

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]

3-11-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
HARTLEB, DIANE
8160 GRIFFIN ROAD
DAVIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
Change Addition
8450 Lagos De Campo Blvd, Unit 207
Tamarac, FL 33321

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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24 CITY ST ZIP

25 TITLE

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27 STREET ADDRESS

28 CITY ST ZIP

29 TITLE

30 NAME

31 STREET ADDRESS

32 CITY ST ZIP

33 TITLE

34 NAME

35 STREET ADDRESS

36 CITY ST ZIP

37 TITLE

38 NAME

39 STREET ADDRESS

40 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)(k), 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 this 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:

[Signature] Diane Hartleb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-95

805)770-4888