

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69319

1. Corporation Name
LEU, INC.

Principal Place of Business

% NEIL G. KIEFER
100 2ND AVENUE SOUTH, SUITE 400
ST. PETERSBURG FL 33701-4336

Mailing Address

% NEIL G. KIEFER
100 2ND AVENUE SOUTH, SUITE 400
ST. PETERSBURG FL 33701-4336

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90068 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1987

4. FEI Number

59-2833668

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 **c/o Lee Usilton**

Suite, Apt. #, etc.

22 **26133 U.S. Hwy. 19 N.**

City & State **Suite 100**

23 **Clearwater, FL**

Zip Country

24 **33763**

25 **USA**

2a. Mailing Address

26 **c/o Lee Usilton**

Suite, Apt. #, etc.

27 **26133 U.S. Hwy. 19 N.**

City & State **Suite 100**

28 **Clearwater, FL**

Zip Country

29 **33763**

30 **USA**

9. Name and Address of Current Registered Agent

KIEFER, NEIL G.
100 2ND AVENUE SOUTH
SUITE 400
ST. PETERSBURG FL

10. Name and Address of New Registered Agent

81 Name

Neil G. Kiefer

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

26133 U.S. Hwy. 19 North

83

Suite 100

84 City

Clearwater

FL

85 Zip Code
33763

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **USILTON, LEE**
CITY-ST-ZIP **1632 ARABIAN LN**
PALM HARBOR FL 34685

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 **P/D**
1.3 STREET ADDRESS **Usilton, Lee**
1.4 CITY-ST-ZIP **136 Midway Island**
Clearwater, FL 33767

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

[Signature] **Lee Usilton, Pres**

1/29/99 (727) 725-2551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)