

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J95023 (4)

1. Corporation Name  
LES POOLEY, INC.



Principal Place of Business

849 MONTEGO ROAD E.  
JACKSONVILLE FL 32216

Mailing Address

849 MONTEGO ROAD E.  
JACKSONVILLE FL 32216

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/01/1987

3a. Date of Last Report

04/13/1995

4. FEI Number

59-2848658

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

POOLEY, LESLIE C.  
849 MONTEGO ROAD E.  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 the corporation

Signature, typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

VSD POOLEY, ANNETTE A. 849 MONTEGO RD. E. JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PTD POOLEY, LESLIE C. 849 MONTEGO RD. E. JACKSONVILLE FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

STD POOLEY, ANGELA L. 100 ISLAND STREET STATESBORO GA

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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SIGNATURE:

Leslie C. Pooley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96

904/241-1412

CR2E034 (12/95)