

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

DOCUMENT # K11704

(9)

1. Corporation Name

LEISURETIME SERVICES, INC.

Principal Place of Business

504 NOAH LN
P O BOX 1267
KEY WEST FL 33041

Mailing Address

504 NOAH LN
P O BOX 1267
KEY WEST FL 33041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1988

3a. Date of Last Report

02/07/1994

4. Fed Number

NOT APPLICABLE

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. 190.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

VECCHIE, DONALD J
504 NOAH LN
P. O. BOX 1267
KEY WEST FL 33041

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 607.1508, 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 Alonzo L. Higgins III

Alonzo L. Higgins III

1/22/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME VECCHIE, DONALD J
STREET ADDRESS 504 NOAH LANE, P. O. BOX 1267
CITY-ST-ZIP KEY WEST FL 33041

TITLE VST
NAME VECCHIE, CAROL JO
STREET ADDRESS 504 NOAH LANE, P. O. BOX 1267
CITY-ST-ZIP KEY WEST FL 33041

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT
12 NAME JON D VECCHIE
13 STREET ADDRESS 3703 Bobbin Brook West
14 CITY-ST-ZIP TALLAHASSEE, FL 32312

21 TITLE VICE PRESIDENT
22 NAME ALONZO L. HIGGINS III
23 STREET ADDRESS 4056 McLAUGHLIN DRIVE
24 CITY-ST-ZIP TALLAHASSEE FL 32309

31 TITLE SECRETARY-TREASURER
32 NAME MARY A. VECCHIE
33 STREET ADDRESS 3703 Bobbin Brook West
34 CITY-ST-ZIP TALLAHASSEE, FL 32312

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is correctly furnished and I am not guilty for this corporation stated on the above 1995 Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall be as the same legal effect as if made under oath. That I am an officer or director of this corporation or the registered agent or under appointment to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on the report. If a change is being made to the report, I am filing this report with the appropriate changes.

SIGNATURE:

Alonzo L. Higgins III

1/22/95