

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

19967-19-90 B-7353-C

DOCUMENT # K11704 (9)

1. Corporation Name

LEISURETIME SERVICES, INC.

Principal Place of Business

3919 W. PENSACOLA ST.
TALLAHASSEE FL 32316
US

Mailing Address

P.O. Box 2704
3919 W. PENSACOLA ST.
TALLAHASSEE FL 32316
US



3. Date Incorporated or Qualified

01/08/1988

3a. Date of Last Report

02/14/1995

4. FEI 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. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

29 Zip Country

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

Alonzo L. Hudgins III

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

4056 McLaughlin Drive

83

84 City

Tallahassee

FL

85 Zip Code

32308

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

X ALONZO L. Hudgins III V.P.

7/17/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME VECCHIE, JON D.
STREET ADDRESS 3703 BOBBIN BROOK WEST
CITY- ST- ZIP TALLAHASSEE FL

TITLE VP ☐ DELETE
NAME HUDGINS, ALONZO L. III
STREET ADDRESS 4056 MCLAUGHLIN DRIVE
CITY- ST- ZIP TALLAHASSEE FL

TITLE ST ☐ DELETE
NAME VECCHIE, MARY D.
STREET ADDRESS 3703 BOBBIN BROOK WEST
CITY- ST- ZIP TALLAHASSEE 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

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

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 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X ALONZO L. Hudgins III

7/17/96

904-574-0281

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)