FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # **K56895** **(1)**

1. Corporation Name
LELAND ENTERPRISES, INC.

Principal Place of Business
1637 E VINE ST
SUITE E
KISSIMMEE FL 34744
US

Mailing Address
1637 E VINE ST
SUITE E
KISSIMMEE FL 34744
US

3. Date Incorporated or Qualified: **01/04/1989**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc. (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **59-2922882** 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
KENNETH G DIXON
1637 E VINE ST
SUITE E
KISSIMMEE FL 34744

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when no state seal) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☒ DELETE
NAME	STICKELS, RUSSELL L.	
STREET ADDRESS	105A BOOTH LN	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	V	☒ DELETE
NAME	DIXON, KENNETH G	
STREET ADDRESS	1637 E VINE ST STE E	
CITY-ST-ZIP	KISSIMMEE 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S, T	☒ Change ☐ Addition
1.2 NAME	EMILY K. BADGER	
1.3 STREET ADDRESS	1637 E. VINE ST., SUITE E	
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
2.1 TITLE	D, P	☒ Change ☐ Addition
2.2 NAME	KENNETH G. DIXON	
2.3 STREET ADDRESS	1637 E. VINE ST., SUITE E	
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34744	
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	600001817366	
5.3 STREET ADDRESS	-05/13/96--01005--021	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth G. Dixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 Date

(407)931-0400 Area Code & Daytime Phone Number

SG 5-1-96

CR2E034 (12/95)