

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90067 042 \*\*\*150.00

**DOCUMENT # K66564**

1. Corporation Name  
**TERRY LEET INC.**



Principal Place of Business  
**812 SEVARD AVE  
CLEARWATER FL 34624**

Mailing Address  
**812 SEVARD AVE  
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**21 1201 So. Highland**

Suite, Apt. #, etc.  
**22 Suite #4**

City & State  
**23 Clearwater, FL**

Zip  
**24 33764**

Country  
**25 Pinellas**

2a. Mailing Address  
**26 1201 So. Highland**

Suite, Apt. #, etc.  
**27 Suite #4**

City & State  
**28 Clearwater, FL**

Zip  
**29 33764**

Country  
**30 Pinellas**

3. Date Incorporated or Qualified  
**02/13/1989**

4. FEI Number  
**59-2932166**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**LEET, TERENCE S.  
812 SEVARD AVENUE  
CLEARWATER FL 34625**

10. Name and Address of New Registered Agent

81 Name  
**Terence S. Leet**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 So. Highland**

83 Suite #  
**Suite #4**

84 City  
**Clearwater**

85 Zip Code  
**FL 33764**

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 reinstating)

**3/17/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
<b>D</b>	<b>LEET, TERENCE S.</b>	<b>812 SEVARD AVENUE</b>	<b>CLEARWATER FL</b>	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
<b>President</b>	<b>Terence S. Leet</b>	<b>1201 So. Highland - Suite #4</b>	<b>Clearwater, FL 33764</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

**President March 17, 1999 727-446-5090**

Date

Daytime Phone #

CR2E034 (11/98)