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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB 24 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # K67041

(9)

1. Corporation Name

LESCHER & MAHONEY, INC.

Principal Place of Business

Mailing Address

% STAN MERADITH
1509 W SWANN AVE #240
TAMPA FL 33606

% STAN MERADITH
1509 W SWANN AVE #240
TAMPA FL 33606

2. Principal Place of Business

21 LESCHER & MAHONEY, INC.

Suite, Apt. #, etc.

22 601 WEST SWANN AVENUE

City & State

23 TAMPA FL

Zip

Country

24 33606-2727

25

2a. Mailing Address

26 LESCHER & MAHONEY, INC.

Suite, Apt. #, etc.

27 601 WEST SWANN AVENUE

City & State

28 TAMPA FL

Zip

Country

29 33606-2727

30

3. Date Incorporated or Qualified

02/21/1989

4. FEI Number

47-0708506

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MERADITH, STAN
601 W SWANN AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

C T CORPORATION SYSTEM

82

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

83

84

City
PLANTATION

FL

85 Zip Code
33324

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
MERADITH, STAN
601 W SWANN AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ROUBAL, JAMES P.
601 W SWANN AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
HAINES, JOE
601 W SWANN AVE
TAMPA FL

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
RISKOWSKI, JIM
601 W SWANN AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
C
ROUBAL, JAMES P.
601 W SWANN AVE
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
C
ROUBAL, JAMES P.
601 W SWANN AVE
TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DP

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2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DS

***158.75 ***198.75

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

T

ROBERT J CARLSON
601 W SWANN AVE
TAMPA FL 33606-2727

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V

JAMES R CONLEY
601 W SWANN AVE
TAMPA FL 33606-2727

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 filing is true and correct 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 registered agent of the corporation and that my name appears in 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 additional filing.

JAMES P ROUBAL, SECRETARY/DIRECTOR

JANUARY 22, 98 1 402 393 4100

CR2E034 (10/97)