

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04118 (0)

1. Corporation Name

LEBLANC ENTERPRISES, INC.

Principal Place of Business

4445 SW 35TH TERR
SUITE 150
GAINESVILLE FL 32608

Mailing Address

4445 SW 35TH TERR
SUITE 150
GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/21/1989

3a. Date of Last Report

02/10/1994

4. FEI Number

59-2960208

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 3550 SW 34th STREET

2a. Mailing Address

26 3550 SW 34th STREET

Suite, Apt. #, etc.

22 Suite G

Suite, Apt. #, etc.

27 Suite G.

City & State

23 Gainesville FL

City & State

28 Gainesville FL

Zip

24 32608

Country

25 ALACHUA

Zip

29 32608

Country

30 ALACHUA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEBLANC, JAMES E
4445 SW 35 TERRACE
STE 150
GAINESVILLE FL 32608

81 Name

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

2811 SW ARCHER RD.

83 OFFICE

84 City GAINESVILLE

FL

85 Zip Code

32608

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 his or her appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME LEBLANC, JAMES E.
STREET ADDRESS 4445 SW 35 TERRACE, STE 150
CITY-ST-ZIP GAINESVILLE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2811 SW ARCHER RD., OFFICE

GAINESVILLE, FL. 32608

TITLE VT
NAME LEBLANC, JON PAUL J
STREET ADDRESS 5056 SW 68TH TERR.
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3550 SW 34th STREET, Suite G

GAINESVILLE, FL. 32608

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; the recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. LEBLANC

Date

4/11/95

Signature Number

904
3737904