FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L11587

(7)

Maring Address

LESLIE TECHNOLOGIES, INC.

Feb 19 1997 8:00am Secretary of State



FILED

P.O. BOX 13405 TALLAHASSEE FL 32317		P.O. BOX 13405 Tallahassee FL 32317	P.O. BOX 13405 Tallahassee FL 32317-3405					
						3. Date Incorporated or Qualified 08/25/1989	3a. Date of Las	
2. Pencipal Pi	acc of Buraniess	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-3030844		Not Applicable
Soite, April #, oto		Suite Apt. #, etc.	Suite Apt. #, etc.				\$8.7	5 Additional
22		[27]	27			5. Certificate of Status Desired	└ Fee	Required
City & Start		City & State				6. Election Campaign Financing	\$5.0	00 May Be
23		28				Trust Fund Contribution		ed to Fees
$Z\psi$	Country	Zip	Co	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 3 9. Name and Address of Current Registered Agent		30	10		Florida Statutes Yes No		
	9. Name and Address of C	urrent Registered Agent		1	·	10. Name and Address of New Re	gistered Agent	
LES	LIE, HAROLD C.	•		81	Name			
2454-B CENTERVILLE ROAD				82	Street A	ddress (P.O. Box Number is Not Acceptate	ole)	
TALI	LAHASSEE FL 32317			83				
Į				103				
				64	City		FL 85 Z	ip Code
		2 0/ 02	the state of			orporation submits this statement for the p		- ilo sociatore d
office or re agent. Far	as the provisions of Sociations as egistered agent, or both, in the mitternithm with land accept the	State of Florida. Such change was obligations of, Section 607.0505, F	s authorize Florida Sta	ed by	the corpo	oration's board of directors. I hereby accep	ot the appointment	as registered
SIGNATURE	Signi is grace principals of 24 te		275 5				DATE	
12.		S AND DIRECTORS	13.		ra: signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
101.6	PD	DELETE		TITLE		ADDITIONO/OFFIANOLO TO OFFIA	☐ Chang	
NAME	LESLIE, HAROLD C.			NAME				,
STREET ADDRESS	753 OLD DIRT ROAD				ADDRESS			
	TALLAHASSEE FL 32301							
OFY-SI-7-*	VP	DELETE		CITY - S TITLE	11-21		Chan	ge Addition
NAME	DEFORE, JAMES R			NAME	1			,
					ADDRESS			
STREET ADDRESS	2816 CAVAN DR.				ADDRESS			
CIDY-S1-ZIF FILE	TALLAHASSEE FL	D OLLETE		CHY-S TITLE	ST-ZIP		Chang	pe Addition
i	VP	The state of the s			1		L. Onlang	je
NAME	BALDWIN, WILLIAM			NAME				
STHEFT ADDRESS	2639 N. MONROE ST.				ADDRESS			
C-15 - S1 - ZIP	TALLAHASSEE FL	DELETE			ST-ZIP		Chan	as Addition
TILLE		L) DECEIC	1	IITLE			L. Clian	ge Addition
NAME				NAME				
STREET ADDRESS.					ADDRESS			
City - \$1 - ZiP		The see		CITY - S	ST-ZIP			
THILE		DELETE		TITLE	1		Chan	ge
NAME			1	NAME	-			
STREET ATIORES'S			1		ADDRESS			
City St 72				CITY - S	31 - Z(P			- 1
1.16		☐ DELETE		FITLE	l		Chan	ge L Addition
NAME:			6.2 (NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY+ST_ZIP			641	CITY-S	915 - TB			
44 4 2 1		P + O N CP de	- 1.4 . 4 1 -			stad in Contine 110 07/2V/J Florida Ctabuta		L - 4 4 L -

rior nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information adicated 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 chapter on an altrachment with an address.

SIGNATURE:

HAROLD C. LESLIE, PRESIDENT

2/17/97

422-0099