

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**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # L14526 (2)

1. Corporation Name
ALAN C. LEBEDA, INC.

95 JUL -3 AM 8:07

Principal Place of Business Moving Address
17112 WHIRLEY RD LUTZ FL 33540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/06/1989** 3a. Date of Last Report **06/10/1994**

4. FEI Number **59-2981243** 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. 199.012 Florida Statutes Yes No

2. Principal Place of Business 2a. Moving Address

21. Suffix, Apt. #, etc. 26. Suffix, Apt. #, etc.

22. City & State 27. City & State

23. 7a. Country 28. 7a. Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ATHAN, DEEANN D.
DIAZ & ATHAN, P.A.
1802 W CLEVELAND ST
TAMPA FL 33549**

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 607.1500, 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: The signed Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **D**
NAME **LEBEDA, ALAN C.**
STREET ADDRESS **17112 WHIRLEY RD.**
CITY-ST-ZIP **LUTZ FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D**
NAME **LEBEDA, PHYLLIS B.**
STREET ADDRESS **17112 WHIRLEY ROAD**
CITY-ST-ZIP **LUTZ FL**

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 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 110.07(4)(b), 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:

Alan C. Lebeda
ALAN C. LEBEDA

6/25/95 (813) 875-1615