SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L22591** **(6)**

1. Corporation Name
JAMES R. LEONE & ASSOC., P.A.

Principal Place of Business	Mailing Address
C/O JAMES R. LEONE 111 W MAGNOLIA AVE #105 LONGWOOD FL 32750 US	C/O JAMES R. LEONE 111 W MAGNOLIA AVE #105 LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/10/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 452 Osceola St
22 Suite, Apt. #, etc.: #211
23 City & State: Altamonte Springs, FL
24 Zip: 32701 25 County: USA

2a. Mailing Address
26: 452 Osceola St. #211
27 Suite, Apt. #, etc.: 211
28 City & State: Altamonte Springs, FL
29 Zip: 32701 30 County: USA

4. FEI Number: **59-2971530** ☐ 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

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

9. Name and Address of Current Registered Agent

LEONE, JAMES R.
111 W MAGNOLIA AVE
SUITE 105
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 452 OSCEOLA ST., SUITE 211
83
84 City: ALTAMONTE SPGS. FL 85 Zip Code: 32701

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: _____ JAMES R. LEONE, Registered Agent + President 6/30/95
(Type, print or stamp name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	LEONE, JAMES R.	1.2 NAME	Leone, James R.	
STREET ADDRESS	111 W MAGNOLIA AVE #105	1.3 STREET ADDRESS	452 Osceola St, Suite 211	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	ST	2.1 TITLE	ST	☑ Change ☐ Addition
NAME	LEONE, JAMES R.	2.2 NAME	Leone, James R.	
STREET ADDRESS	111 W MAGNOLIA AVE #105	2.3 STREET ADDRESS	452 Osceola St. Suite 211	
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	Altamonte Springs, FL. 32701	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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 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.

407

SIGNATURE: _____ JAMES R. LEONE, PRESIDENT 6/30/95 8317255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000018 CP