SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 08/09/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:44

DOCUMENT # **L33043** **(5)**

1. Corporation Name

LESLIE DAWN, INC.

Principal Place of Business	Mailing Address
%JOHN PATTERSON 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236 US	%JOHN PATTERSON 46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/22/1989**
3a. Date of Last Report: **04/11/1994**

2. Principal Place of Business (21): **109 OVERLEA WAY**
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): **VENICE, FL**
City & State (28):
Zip (24): **34292** Country (25):
Zip (29): Country (30):

4. FEI Number: **65-0158559** ☐ 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

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	11 TITLE		☐ Change ☐ Addition
NAME	MCGIFFEN, JOHN W	12 NAME		
STREET ADDRESS	7790 CLUB LANE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VPST	21 TITLE	VP,AS,T	XX Change ☐ Addition
NAME	MCGIFFEN, CAMEN M	22 NAME	McGIFFEN, CARMEN M.	
STREET ADDRESS	7790 CLUB LANE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		XX Change ☐ Addition
NAME	LUPER, ALBERT R	32 NAME		
STREET ADDRESS	1333 PINENEEDLE ROAD	33 STREET ADDRESS	2140 LEMON AVE.	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	ENGLEWOOD, FL	
TITLE	VPS	41 TITLE	VP, AS	XX Change ☐ Addition
NAME	EDSEL, EDWARD E	42 NAME		
STREET ADDRESS	8987 HUNTINGTON POINT DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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.

SIGNATURE: John W McGiffen (941) 497-4786
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN W. McGIFFEN, President

6110600 CP