

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # L39327 (6)

LEROCO, INC.

**APPROVED
AND
FILED**
95 MAY -1 AM 9:08
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office Address: 9 N.W. 99 TERR
GAINESVILLE FL 32607-8362
Mailing Address: 9 N.W. 99 TERR
GAINESVILLE FL 32607-8362

(Write or Print in This Space)

2. Filing Date of Report		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		01/02/1990		05/01/1994	
22. State Agent #		4. FID Number		Applied For	
22		59-2987260		Not Applicable	
23. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24		7. Has corporation been liable for information fee under F.S. 194.049 Florida Statutes		Yes No	
25		29		30	

9. Name and Address of Current Registered Agent

**WEAVER, LEROY R.
9 NW 99 TERR
GAINESVILLE FL 32607**

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. I, the undersigned, the person or persons in control and in charge of the Florida Statutes, the above named corporation, submit this statement for the purpose of changing its registered office or registered agent in full in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, at least the appointed as registered agent. I am hereby sworn to and signed this statement of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PST WEAVER, LEROY RICHARD, II 9 NW 99 TERR GAINESVILLE FL	NAME	
STREET ADDRESS	VD WEAVER, LEROY RICHARD, II 9 NW 99 TERR GAINESVILLE FL	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.049, Florida Statutes. I further certify that the information included 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 person or persons engaged to prepare this report as required by Chapter 194, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Leroy R. Weaver, II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

904.371-3106