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TATE
ORIDA

# CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67149 (9)

1. Corporation Name
LEON'S LOADER SERVICE, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| % H. GREG LEE<br>2014 FOURTH STREET<br>SARASOTA FL 34237 | % H. GREG LEE<br>2014 FOURTH STREET<br>SARASOTA FL 34237 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1990
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business
21 1555 Vereda Verde
Suite, Apt. #, etc. 22
City & State 23 Sarasota FL
Zip 24 34232 Country 25 USA

2a. Mailing Address
26 1555 Vereda Verde
Suite, Apt. #, etc. 27
City & State 28 Sarasota FL
Zip 29 34232 Country 30 USA

4. FEI Number: 65-0171136 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, H. GREG
2014 FOURTH ST.
SARASOTA FL 34237

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 | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BEILER, LEON | 1.2 NAME | |
| STREET ADDRESS | 1555 VEREDA VERDE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 1.4 CITY-ST-ZIP | |
| TITLE | DST | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BEILER, BRENDA J. | 2.2 NAME | |
| STREET ADDRESS | 1555 VEREDA VERDE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 2.4 CITY-ST-ZIP | |
| TITLE | V | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHNERING, ERIC C | 3.2 NAME | |
| STREET ADDRESS | 6316 BIKINI RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | BEILER, PAUL B | 4.2 NAME | |
| STREET ADDRESS | 1213 STOEBER AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL | 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 | |

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: Leon Beiler 1-23-95 (813)377-4683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343330 CP