

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M81499** (9)

1. Corporation Name
DONALD LEFOR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business % DONALD LEFOR 2014 MONTEGO COURT OLDSMAR FL 34677	Mailing Address % DONALD LEFOR 2014 MONTEGO COURT OLDSMAR FL 34677
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3. Date Incorporated or Qualified 05/18/1988	3a. Date of Last Report 04/28/1994
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2. Principal Place of Business 21 5416 Baroque Dr.	2a. Mailing Address 26 5416 Baroque Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Holiday, FL.	28 Holiday, FL.
24 34690	25 34690
29 34690	30 34690

4. FEI Number 59-2890020	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEFOR, DONALD
2014 MONTEGO COURT
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	5416 Baroque Dr
B3	
B4 City	Holiday
B5 State	FL
B6 Zip Code	34690

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 agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEFOR, DONALD
STREET ADDRESS	2014 MONTEGO COURT
CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	VP
NAME	LEFOR, ELIZABETH E.
STREET ADDRESS	2014 MONTEGO CT.
CITY - ST - ZIP	OLDSMAR FL 34677
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5416 Baroque Dr.
1.4 CITY - ST - ZIP	Holiday, FL. 34690
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5416 Baroque Dr.
2.4 CITY - ST - ZIP	Holiday, FL. 34690
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *Donald Lefor* **DONALD LEFOR** 4/24/95 813-937-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Time)