

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 12:02

DOCUMENT # M93639

(6)

1. Corporation Name

DOLPHIN - LEECO, INC.

Principal Place of Business

114 FIFTH STREET
FT. MYERS FL 33907
US

Mailing Address

114 FIFTH STREET
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

04/18/1994

4. FEI Number
58-1795977

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, FRANK P.
800 LAUREL OAK DR., STE 301
NAPLES FL 33963

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MCDONALD, SHEILA
STREET ADDRESS	114 FIFTH ST
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	SHENKEL, JOANN
STREET ADDRESS	3505 SE 8TH PLACE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	D
NAME	SHENKEL, ROBERT T
STREET ADDRESS	3505 SE 8TH PLACE
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	FT. MYERS FL 33907
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SHENKEL, JO ANN
2.3 STREET ADDRESS	1434 SW 57 ST
2.4 CITY - ST - ZIP	CAPE CORAL FL 33914
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	SHENKEL, ROBERT T.
3.3 STREET ADDRESS	1434 SW 57 ST
3.4 CITY - ST - ZIP	CAPE CORAL FL 33914
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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:

JoAnn Shenkel

JO ANN SHENKEL

1-31-95

813
549-5034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #