

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

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 FEB 14 PM 2:15

DOCUMENT # P92000003226 (7)

1. Corporation Name

LEHIGH DEVELOPMENT CORP.

Principal Place of Business

~~3010 DUNLOP CIRCLE~~
DUNEDIN FL 34698

Mailing Address

P.O. BOX 1557
DUNEDIN FL 34697

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 1971 DunBrody Ct.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 DUNEDIN, FL.

City & State

28

Zip

24 34698

Country

25 U.S.

Zip

29

Country

30

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

03/11/1994

4. FEI Number

59-3184629

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

HEIRONIMUS, THOMAS
~~100 WESTBROOK COURT~~
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

112 WATER EDGE CT.

83

84 City

SAFETY HARBOR

FL

85

Zip Code
34695

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 the address.

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HEIRONIMUS, THOMAS L
~~100 WESTBROOK COURT~~
SAFETY HARBOR FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
CRAFT, GARY W
~~100 WESTBROOK COURT~~
SAFETY HARBOR FL 34695

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

112 WATER EDGE CT.

SAFETY HARBOR, FL. 34695

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

303 LOS PRADOS DR.

SAFETY HARBOR, FL. 34695

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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(2)(b), 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. I am an officer or stockholder 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 applicable, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Heironimus

1-10-95 813-733-3886