

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000003226 (7)

1. Corporation Name

LEHIGH DEVELOPMENT CORP.



Principal Place of Business

1971 DUNBRODY CT.
DUNEDIN FL 34698
US

Mailing Address

P.O. BOX 1557
DUNEDIN FL 34697

2. Principal Place of Business

21 120 Brookside Ct.

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR, FL.

Zip

24 34683

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

02/14/1995

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

10. Name and Address of New Registered Agent

HEIRONIMUS, THOMAS
112 WATER EDGE CT.
SAFETY HARBOR FL 34695

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 of person or persons authorized to sign this statement

Signature of Registered Agent or person authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	☐ DELETE
NAME	HEIRONIMUS, THOMAS L	
STREET ADDRESS	112 WATER EDGE CT.	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE	VSD	☐ DELETE
NAME	CRAFT, GARY W	
STREET ADDRESS	303 LOS PRADOS DR.	
CITY-STATE-ZIP	SAFETY HARBOR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	113 COLONY DRIVE SOUTH
2.4 CITY-STATE-ZIP	TARPON SPRINGS, FL. 34689
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

Gary W. Craft

GARY W. CRAFT

5-17-96

813-781-5278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE NUMBER

CR2E034 (12/95)