FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION annual report

1997

Principal Prace of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200003226 (7)

LEHIGH DEVELOPMENT CORP.

120 BROOKSIDE CT P.O. BOX 1557 PALM HARBOR FL 34683 **DUNEDIN FL 34697-1557** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/04/1992 05/28/1996 2. Principal Place of Buspess 2a. Mailing Address 4. FEI Number Applied For 59-3184629 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional M 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Žio Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HEIRONIMUS, THOMAS Heirenimus 112 WATER EDGE CT. 82 SAFETY HARBOR FL 34695 83 84 Harbor 7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered collegations of Section 607.0505, Florida Statutes. 11. Pursuant to the provi office or registere 01-30-97 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12 13. DELETE PTD Change Addition THEF 117016 HEIROPNIMUS. THOMAS L 1.2 NAME 112 WATER EDGE CT. 1.3 STREET ADORESS STREET ADDRESS SAFETY HARBOR FL 14 CITY-\$1-ZIP CITY SI-70 VSD DETETE Change Addition THEF 21 TITLE CRAFT, GARY W 2.2 NAME MAMA 113 COLONY DRIVE SOUTH 2 3 STREET ADDRESS STREET ALCHESS TARPON SPRINGS FL 2. 4 City-St-ZiP City-51-2H DELETE Change Addition THE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP DITY 51-3P Change Addition DELETE 4.1 100 F THE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 44 CITY ST ZIP CITY 5T-ZP DELETE Change Addition 100.1 5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAM/

53 STREET ADDRESS 5.4 DiTY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAMI

THLE

MARSE STREET ACOSESS

STREET ADDRESS

OBY \$1.74

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

14. If do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information inflicated on the angular report of 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 a rectural to the programment of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of langed, or on an attachment with an address Ibomas L. Heironimus

Change

☐ Addition

FILED

Mar 25 1997 8:00am

Secretary of State