

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000017946 (3)

1. Corporation Name

LEFFLER ENTERPRISES, INC.

FILED

95 JUL 28 AM 7:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
4201 VINELAND RD SUITE 1-I ORLANDO FL 32811 US		4201 VINELAND RD SUITE 1-I ORLANDO FL 32811 US	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 03/09/1993	3a. Date of Last Report 04/04/1994
4. FEI Number 59-3167950	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	
LEFFLER, TIM 4201 VINELAND RD SUITE 1-I ORLANDO FL 32811		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 the applicant

(If 21E, Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)	
TITLE	PR	1. TITLE	☒ Change ☐ Addition
NAME	LEFFLER, TIM	12. NAME	PR
STREET ADDRESS	2545 MEADOWVIEW CIRCLE	13. STREET ADDRESS	LEFFLER TIM
CITY - ST - ZIP	WINDERMERE FL	14. CITY - ST - ZIP	9805 MOHAWC COVE LANE
TITLE	D	21. TITLE	WINDERMERE, FL 34786 ☐ Change ☐ Addition
NAME	HEANEY, SEAN M	22. NAME	
STREET ADDRESS	11208 ROSE DOWN COURT	23. STREET ADDRESS	
CITY - ST - ZIP	WINDERMERE FL 34786	24. CITY - ST - ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Leffler

7/24/95

843-4021

CR03034 (3/95)