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 APR 11 PM 9:21

DOCUMENT # **P93000068027 (0)**

1. Corporation Name
LEON LADY'S CLUB, INC.

Principal Place of Business	Mailing Address
2444 LANRELL DR. TALLAHASSEE FL 32303	2444 LANRELL DR. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1993
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 2101 E. Randolph Cir.
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, FL
24 Zip: 32312
25 County: Leon

2a. Mailing Address
26 2101 E. Randolph Cir.
27 Suite, Apt. #, etc.
28 City & State: Tallahassee, FL
29 Zip: 32312
30 County: Leon

4. FEI Number: 59-3206599 ☐ 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

WILSON, JACQUELYN K
2444 LANRELL DR.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: DOZIER, CARMEL S.
82 Street Address (P.O. Box Number is Not Acceptable): 2101 E. RANDOLPH CIR.
83
84 City: TALLAHASSEE, FL 65 Zip Code: 32312

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: C. Kelly S. Dozier Carmel S. Dozier, Treasurer 3/29/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WILSON, JACQUELYN K	1.2 NAME	CATO, K. GLENDA
STREET ADDRESS	2444 LANRELL DR	1.3 STREET ADDRESS	P.O. Box 15466/3405 WHITNEY CT.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32317/32308
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	MANSFIELD, CHERYL	2.2 NAME	POOLE, KIM
STREET ADDRESS	P O BOX 12847 NA	2.3 STREET ADDRESS	7706 CORNUCOPIA LN
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	STARACE, CATHERINE	3.2 NAME	
STREET ADDRESS	6983 EAGLE'S RIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DOZIER, KELLY	4.2 NAME	
STREET ADDRESS	2101 E RANDOLPH CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: K Glenda Cato K. GLENDA CATO 3-28-95 (904) 576-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

0400570 FP