

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000068027 (0)

1. Corporation Name

LEON LADY'S CLUB, INC.



Principal Place of Business

2101 E RANDOLPH CIR
TALLAHASSEE FL 32312
US

Mailing Address

2101 E RANDOLPH CIR
TALLAHASSEE FL 32312
US

3. Date Incorporated or Qualified
09/30/1993

3a. Date of Last Report
04/11/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOZIER, CARMEL S
210 E RANDOLPH CIR
TALLAHASSEE FL 32312

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 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 ☐ DELETE

P
NAME CATO, K. G
STREET ADDRESS 3405 WHITNEY CT
CITY- ST- ZIP TALLAHASSEE FL

1.1 TITLE

P

☒ Change ☐ Addition

TITLE ☐ DELETE

V
NAME POOLE, KIM
STREET ADDRESS 7706 CRONUCOPIA LN
CITY- ST- ZIP TALLAHASSEE FL

1.2 NAME

SMILGIN, PAMELA

1.3 STREET ADDRESS

3288 HORSESHOE TRAIL

1.4 CITY- ST- ZIP

TALLAHASSEE, FL 32312

☒ Change ☐ Addition

TITLE ☐ DELETE

S
NAME STARACE, CATHERINE
STREET ADDRESS 8983 EAGLE'S RIDGE
CITY- ST- ZIP TALLAHASSEE FL

2.1 TITLE

V

2.2 NAME

STARACE, CATHERINE T.

2.3 STREET ADDRESS

8983 EAGLES RIDGE DRIVE

2.4 CITY- ST- ZIP

TALLAHASSEE, FL 32312

☒ Change ☐ Addition

TITLE ☐ DELETE

T
NAME DOZIER, KELLY
STREET ADDRESS 2101 E RANDOLPH CIR
CITY- ST- ZIP TALLAHASSEE FL

3.1 TITLE

S

3.2 NAME

WILSON, JACQUELYN K.

3.3 STREET ADDRESS

2444 LANRELL DRIVE

3.4 CITY- ST- ZIP

TALLAHASSEE, FL 32303

☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

904-878-8272

CR2E034 (12/95)