Mar 22, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000086684

1. Corporation Name

LEON R MERIAN INC

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Principal Place	e of Business	Ma	iling Address	_		,	(i i i i i i i i i i i i i i i i i i i			(81) 6191 1981
12711 NE HIGHWAY 315 107 N.E. 1ST AVE.							İ			
FORT MCCOY FL 32134 OCALA FL 34470										
							DO NOT WRITE IN	HIS SPA	CE	
							3. Date Incorporated or Qualifed			Ì
							01/03/1994			
2. Principal Place of Business			Mailing Address				4. FEI Number		\rightarrow	olied For
21							59-3215527			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired 🔣	\$		dditional
22		27							Fee Re	-
City & State			City & State				6. Election Campaign Financing	٠ (May Be
23		28					Trust Fund Contribution		Added to	rees
Zip	Country		Zip		untry		This corporation owes the current year			
24	25	29		30			Personal Property Tax.	X		□No
	9. Name and Address of Currer	nt Regis	tered Agent		100		10. Name and Address of New Registe	red Age	nt	_
MED	MAAL LEGALD				81	Name				Į.
	RIAN, LEON R.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	11 NE HIGHWAY 315				Ш					
FOR	T MC COY FL 32134				83					
					84	City		8	5 Zip C	ode
					1 1	•	oration submits this statement for the purpor	FL		
agent. I a	registered agent, of both, in the State im familiar with, and accept the obliga	ations of,	Section 607.0505, F	Iorida Stat	tutes.	tile corporatio	on's poard of directors. I hereby accept the a	FF	`	
SIGNATURE	Signature, typed or printed name of registered age	ent and title i	f applicable. (NO	TE: Registere	d Agent	t signature required	d when reinstating) DAT			
SIGNATURE	Signature, typed or printed name of registered age		CTORS	TE: Registere		t signature required	d when reinstating) DAT ADDITIONS/CHANGES TO OFFICER	S AND D		
	OFFICERS AN					t signature required		S AND D	IRECTO Change	RS IN 12
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14. I 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 indicated on this annual report or suppliemental 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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

RE REQUIEON R. Merian