

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010224 (1)

1. Corporation Name

JOHN R. LEONE, CPA, PA

Principal Place of Business

3030 HARTLEY ROAD #190
JACKSONVILLE FL 32257

Mailing Address

3030 HARTLEY ROAD #190
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 ONE SAN JOSE PLACE

2a. Mailing Address

26 ONE SAN JOSE PLACE

4. FEI Number

59-3221384

Applied For

Not Applicable

Suite, Apt. #, etc.

22 #20

Suite, Apt. #, etc.

27 #20

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 JACKSONVILLE FL

City & State

28 JACKSONVILLE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32257

Country

25 USA

Zip

29 32257

Country

30 USA

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

LEONE, JOHN R
3030 HARTLEY ROAD #190
JACKSONVILLE FL 32257

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

ONE SAN JOSE PLACE #20

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 of person acting as registered agent and the corporation)

(Signature of registered agent or authorized officer and when applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRESIDENT
NAME	JOHN R. LEONE
STREET ADDRESS	ONE SAN JOSE PLACE #20
CITY, ST, ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	PRESIDENT	☒ Change ☒ Addition
2. NAME	JOHN R. LEONE	
3. STREET ADDRESS	ONE SAN JOSE PLACE #20	
4. CITY, ST, ZIP	JACKSONVILLE, FL 32257	
5. TITLE		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. 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 193.07(4)(b), 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 of the report or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

5/9/95 (904) 631-9639