

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000035755 (5)**

1. Corporation Name

LEATHERWOOD PROPERTIES, INC.



Principal Place of Business

**121 VIA DELUNA DR
PENSACOLA BEACH FL 32561**

Mailing Address

**121 VIA DELUNA DR
PENSACOLA BEACH FL 32561**

2. Principal Place of Business

21 3469 Willow Lane

Suite, Apt. #, etc.

22

City & State

23 GULF BREEZE, FL

Zip

24 32561

Country

25 US

2a. Mailing Address

26 76 Old Main St.

Suite, Apt. #, etc.

27

City & State

28 New London, NH

Zip

29 03257

Country

30 US

3. Date Incorporated or Qualified

05/09/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

59-3243260

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

**LEATHERWOOD, DAVID P
121 VIA DELUNA DR
PENSACOLA BEACH FL 32561**

10. Name and Address of New Registered Agent

81 Name Leatherwood, David P
82 Street Address (P.O. Box Number is Not Acceptable) 76 Old Main St 3469 Willow Lane
83
84 City GULF BREEZE FL 85 Zip Code 32561

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE

David Leatherwood, Pres

DATE

6-9-96

12. OFFICERS AND DIRECTORS

☐ DELETE
TITLE **D**
NAME **LEATHERWOOD, DAVID P**
STREET ADDRESS **121 VIA DELUNA DR**
CITY - ST - ZIP **PENSACOLA FL 32561**

☐ DELETE
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CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
1. TITLE **D, P**
12. NAME **Leatherwood, David P**
13. STREET ADDRESS **76 Old Main St**
14. CITY - ST - ZIP **New London, NH 03257**

☐ Change ☐ Addition
2. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

☐ Change ☐ Addition
3. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

☐ Change ☐ Addition
4. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

☐ Change ☐ Addition
5. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

☐ Change ☐ Addition
6. TITLE
62. NAME
63. STREET ADDRESS
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 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

6-9-96

DATE

603 526 9698

DAYTIME PHONE #

CR2E034 (12/95)