

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000035755 (5)

1. Corporation Name  
LEATHERWOOD PROPERTIES, INC.

Principal Place of Business

9469 WILLOW LANE  
GULF BREEZE FL 32561  
US

Mailing Address

76 OLD MAIN STREET  
NEW LONDON NH 03257  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report 06/17/1996
4. FEI Number 59-3243260	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 907

27 Suite, Apt. #, etc.

28 Norwich, Vermont

29 05055 30 US

9. Name and Address of Current Registered Agent

LEATHERWOOD, DAVID P  
121 VIA DELUNA DR  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name David Leatherwood  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 3469 Willow Lane  
84 City Gulf Breeze FL 85 Zip Code 32561

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

David Leatherwood 8-5-97

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEATHERWOOD, DAVID P  
STREET ADDRESS 76 OLD MAIN STREET  
CITY-ST-ZIP NEW LONDON NH

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P  
1.2 NAME Leatherwood, David P  
1.3 STREET ADDRESS PO Box 907  
1.4 CITY-ST-ZIP Norwich, VT 05055

2.1 TITLE D, VP  
2.2 NAME Leatherwood, Loretta E.  
2.3 STREET ADDRESS PO Box 907  
2.4 CITY-ST-ZIP Norwich, VT 05055

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: David Leatherwood

8-5-97 802-649

CR2E034 (4/97)