FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000046751 (1)**

1. Corporation Name
JOE & LEAH CORPORATION

Principal Place of Business	Mailing Address
705 NORTH LAKE PARKER AVENUE LAKELAND FL 33801	705 NORTH LAKE PARKER AVENUE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 621 N. Lake Parker Ave.	26 621 N. Lake Parker Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, Fl.	City & State 28 Lakeland, Fl.
Zip / Country 24 33801 / 25 US	Zip / Country 29 33801 / 30 US

4. FEI Number: 59-3254446 ☐ 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

ICARDI, ALDO
990 LEWIS DRIVE
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: KEDZUF, KEVIN R.
82 Street Address (P.O. Box Number is Not Acceptable): 621 N. LAKE PARKER AVENUE
83
84 City: LAKELAND, 85 FL Zip Code: 33801

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: Kevin R. Kedzuf Kevin R. Kedzuf 4/25/95
Signature, typed or printed name of registered agent (if other applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DPS	☒ Change ☐ Addition
NAME	KEDZUF, KEVIN	1.2 NAME	KEDZUF, KEVIN R.	
STREET ADDRESS	1253 TIMBER RIDGE	1.3 STREET ADDRESS	621 N. LAKE PARKER AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	LAKELAND, FL. 33801	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	KEDZUF, DEBORAH ANNE	2.2 NAME		
STREET ADDRESS	705 NORTH LAKE PARKER AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Kevin R. Kedzuf, President Kevin R. Kedzuf 4/25/95 813-682-4101
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #

0518760 CP