

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068421 (4)

1. Corporation Name

SUTY, INC.



Principal Place of Business

412 WEST HOWRY AVENUE
DELAND FL 32720

Mailing Address

412 WEST HOWRY AVENUE
DELAND FL 32720

2. Principal Place of Business

2a. Mailing Address

21 412 W Howry

26 412 W Howry Ave.

22 Suite, Apt. #, etc. 6

27 Suite, Apt. #, etc. 6

23 City & State DELAND FL.

28 City & State DELAND FL

24 Zip 32720 25 Country USA

29 Zip 32720 30 Country USA

9. Name and Address of Current Registered Agent

FLOYD, BRUCE W ESQ.
840 WEST NEW YORK AVENUE
SUITE A
DELAND FL 32720

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	LEISHMAN, TERRY	
STREET ADDRESS	412 WEST HOWRY AVENUE	
CITY-STATE-ZIP	DELAND FL 32720	
TITLE	D	☐ DELETE
NAME	LEISHMAN, SUSAN J	
STREET ADDRESS	412 WEST HOWRY AVENUE	
CITY-STATE-ZIP	DELAND FL 32720	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 607.0703(k), Florida Statutes. I further certify that the information included on this annual report or supplement to an 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 registered or trusted 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 the statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

904-736-2483

CR2E034 (12/95)