

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 # P95000003136 (5)

1. Corporation Name

ESTATE PLANNING & PROTECTION SERVICES, INC.

Principal Place of Business

920 MOSS LANE  
WINTER PARK FL 32789

Mailing Address

920 MOSS LANE  
WINTER PARK FL 32789



3. Date Incorporated or Qualified 01/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 206 PARK AVE. S.

26 206 PARK AVE. S.

4. FEI Number 59-3288414

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE. # 2

27 STE # 2

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

Country

Zip

Country

24 32789

25 ORANGE

29 32789

30 ORANGE

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

MAGGI, APRIL L  
920 MOSS LANE  
WINTER PARK FL 32789

81 Name

APRIL LEONARD

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

83 206 PARK AVE. S., STE # 2

84 City

WINTER PARK FL

85 Zip Code

32789

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

*April Leonard* APRIL LEONARD

APRIL LEONARD

5/18/96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME APRIL LEONARD  
STREET ADDRESS 3418 BISHOP PARK, DR. #329  
CITY-ST-ZIP WINTER PARK, FL 32792

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

PRESIDENT ☒ Change ☐ Addition  
19 APRIL LEONARD  
3418 BISHOP PARK, DR. STE. 329  
WINTER PARK, FL 32789

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition

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:

*April Leonard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL LEONARD

PRESIDENT

05/18/96

(407)

644-9084

CR2E034 (12/95)