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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023413 (4)

WEBSTER & LEONARD, INC.

	- of Division		·						
Principal Place		. ~	Mailing Address			(100 100 100 100 100 100 100 100 100 10			
341 STORY ROAD LAKE WALES FL 33853			341 STORY ROAD LAKE WALES FL 33853-8993						
						3. Date Incorporated or Qualified 03/20/1995	3a. Date 04/30		eport
2. Principal Place of Business 21		<u> </u>	2e. Mailing Address			4. FEI Number 59-3304513	Applied For Not Applicable		
Suite, Apt. 1	#, etc.	Suite, Ap	ot.#, etc.	*				_ ! !	Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & State		City & St	City & State			6. Election Campaign Financing \$5.00 May			May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip		Countr	У	8. This corporation has liability for i			. 199.032,
24	9. Name and Address of Cu	29	nnt	[30]		Florida Statutes 10. Name and Address of New Re	Yes 🗌		
VECT		ineni negisteleb Age		81	Name	To. Name and Address of New Re	gistered Ag	ent	
	H, W C COMMERCIAL PARK DRIVE	!		Ĺ					
	ELAND FL 33801	•	82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)			
LAINE	CONTO PL SSOUT			83					
				B	City		E	85 Zip i	Code
11. Pursuant t	to the provisions of Sections 607	0502 and 607 1508 F	Florida Statu	los the abou	namod con	poration culpmits this statement for the m	FL		0.100101010
TIT COSTACING	egistered agent, or both, in the S	State of Horida. Such c	change was	authorized b	y the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose or cr of the appoir	nanging it ntment as	s registered registered
Office or re									
	m familiar with, and accept the o	obligations of, Section (607.Ŏ505, FI	orida Statute	S.				
SIGNATURE:									
SIGNATURE:	Signature, typed or printed trame of registere	ed agont and litte if applicable		L Flegistered Aç		ired when reinstating)	DATE		
SIGNATURE:	Signature, typed or printed trame of registere	ed agont and little if applicable S AND DIRECTORS					DATE ERS AND D		IS IN 12
SIGNATURE _	Signature, typed or printed name of registere OFFICERS	ed agont and little if applicable S AND DIRECTORS	(NO	IL Registered Ag		ired when reinstating)	DATE ERS AND D	IRECTOR	S IN 12
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