## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000054013 (4) DOCUMENT #

LVL LEESBURG, INC.

**FILED** Mar 11 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		n samilant iin iniku biish masti masi aasii aasii abiit abi	(it albit abia) (inee iii) (aa)
(8397 W GULF	<del>-08-</del>	2397 W GULF DR			
SUITE D		SUITE D		DO NOT WRITE IN THIS	CDACE
SANIBEL FL 33937		SANIBEL FL 83957		3. Date Incorporated or Qualified	
				07/13/1995	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
432	3 W. GULP DR		, GULF DR.		Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	BEL FL	City & State	FL	6. Election Campaign Financing	\$5.00 May Be
23 SANI		28 SANIBEL		Trust Fund Contribution	Added to Fees
Zip 339	Country	Zip	Country	8. This corporation owes or has paid the co	_ · _ ·
24 309	S Name and Address of Curre		10 USA	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
THE PRENTICE-HALL CORPORATION STSTEM, INC.					
1201 HAYS ST			62 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 105					
IAL	LAHASSEE FL 32301				
			84 City	FI	85 Zip Code
11. Pursuent I	to the provisions of Sections 607 05	02 and 607 1508 Florida Statutes	the above-named corp	poration submits this statement for the purpose	f changing its registered
office or re	egistered agent, or both, in the State	e of Florida. Such chan <b>ge w</b> as au	thorized by the corporat	tion's board of directors. I hereby accept the ap	
•	m familiar with, and accept the obliq	janons or, section 607.0505, Flore	ioa Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE		Change Addition
NAME	O'NEILL, JULIA		1.2 NAME		
STREET ADDRESS	3397 W GULF DR, STE D		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		1.4 CITY - ST - ZIP		
TITLE	VS	☐ DELETE	21 TITLE		Change Addition
NAME	O'NEILL, TIMOTHY J. JR		2.2 NAME	_	
STREET ADDRESS	CTE 290, 1906 DOWERS FEI	<del>IRV-R</del> D	2.3 STREET ADDRESS 😅	TE 180, 1900 THE EXCH	ANGE
CITY-ST-ZIP	ATLANTA GA		2.4 City-St-ZiP	ATLANTA GA 30339	7
TITLE	8	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, BRADLEY J.		3.2 NAME		
STREET ADDRESS	1409 PEACHTREE ST NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driete	5.4 City-ST-ZIP		Change
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		4	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		1-1-1	6.4 CITY-ST-ZIP		

I 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 fuceiver or trustee employed 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 or from attach the highest with an address.

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2/1/98