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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054480 (5)

1. Corporation Name

LEADER HOME REPAIRS UNLIMITED, INC

Principal Place of Business

3500 SOUTH ST.
TITUSVILLE FL 32780

Mailing Address

3500 SOUTH ST.
TITUSVILLE FL 32780-2905

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BANNISTER, JAMES C
3500 SOUTH ST.
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

07/11/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3320839

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 ☒

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME NIXON, RICHARD D.
STREET ADDRESS 6205 BALBOA ST.
CITY-ST-ZIP COCOA FL

TITLE VP ☒ DELETE

NAME DEMELLO, JOHN P.
STREET ADDRESS 2800 MERRY LANE
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME NIXON, RICHARD D.
1.3 STREET ADDRESS 1865 BRYN MAWR DRIVE
1.4 CITY-ST-ZIP TITUSVILLE, FL. 32796

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VP
3.3 STREET ADDRESS BRADY, WAYNE
3.4 CITY-ST-ZIP 528 WARD AVENUE
TITUSVILLE, FLORIDA 32796

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VP
4.3 STREET ADDRESS BRADY, GERALD
4.4 CITY-ST-ZIP 2126 TRIESTE DRIVE
MIMS, FLORIDA 32754

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.C. BANNISTER 1/8/97 407-267-7663

Date Daytime Phone #

CR2E034 (9/96)