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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058413 (2)

1. Corporation Name

LEALON, INC.

Principal Place of Business

3544 CORANA WAY
NAPLES FL 33942

Mailing Address

3544 CORANA WAY
NAPLES FL 33942



3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report

2. Principal Place of Business

21 923 Creech Road

2a. Mailing Address

26 923 Creech Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Naples, FL

City & State

28 Naples, FL

Zip

Country

24 33940

25

Zip

29 33940

Country

30

9. Name and Address of Current Registered Agent

ROGERS, ROBERT F
CUMMINGS & LOCKWOOD
3001 TAMiami TRAIL NORTH
NAPLES FL 33941

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 D
NAME SMITH, LEALON R
STREET ADDRESS 1512 LINDELL AVENUE
CITY-ST-ZIP HANNIBAL MO 63401 ☐ DELETE

TITLE D
NAME WRIGHT, JAMES D
STREET ADDRESS 3544 CORANA WAY
CITY-ST-ZIP NAPLES FL 33942 ☒ DELETE

TITLE D
NAME SMITH, LEALONDA S
STREET ADDRESS 1512 LINDELL AVENUE
CITY-ST-ZIP HANNIBAL MO 63401 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE D/V
2.2 NAME SMITH, LEALON R
2.3 STREET ADDRESS 1512 LINDELL AVENUE
2.4 CITY-ST-ZIP HANNIBAL MO 63401 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 4210 LOOKING GLASS LN, #4
3.4 CITY-ST-ZIP NAPLES, FL 33962 ☐ Change ☐ Addition

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

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

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

Lealonda Smith - Lealonda Smith

2/10/96 (941) 262-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)