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May 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 # P96000003600 (9)

1. Corporation Name
LEO'S DELI, INC.

Principal Place of Business

951 S. 1ST AVENUE
LAKE CITY FL 32025

Mailing Address

951 S. 1ST AVENUE
LAKE CITY FL 32025-5739



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3352975		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

WILLEMS, PAMELA
951 S. 1ST AVENUE
LAKE CITY FL 32025

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLEMS, PAMELA	1.2 NAME	
STREET ADDRESS	951 S. 1ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32025	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLEMS, LAURA A	2.2 NAME	Dilene Hart
STREET ADDRESS	RT. 9 BOX 785-20	2.3 STREET ADDRESS	Rt 9 BOX 785-1
CITY-ST-ZIP	LAKE CITY FL 32024	2.4 CITY-ST-ZIP	Lake City, FL 32024
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERDARE, SHERI M	3.2 NAME	
STREET ADDRESS	P.O. BOX 784 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32058	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEMER, APRIL M	4.2 NAME	Jenny Nickelson
STREET ADDRESS	P.O. BOX 1732	4.3 STREET ADDRESS	P.O. BOX 3631 N/A
CITY-ST-ZIP	LAKE CITY FL 32058	4.4 CITY-ST-ZIP	Lake City, FL 32024
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Pamela A. Willemms or Pamela A. Willemms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97
Date

904-755-6074
Daytime Phone #

755-0111
0019820

CR2E034 (9/96)