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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000008860

1. Corporation Name LEECO CONSTRUCTION SITE CLEAN-UP, INC.

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90127 029 ***150.00



Principal Place	e of Business	Mailing Address	Mailing Address				
2005 SW 28TH	TER.	2005 SW 28TH TEI	2005 SW 28TH TER.				
CAPE CORAL F	L 33914	CAPE CORAL FL 3	CAPE CORAL FL 33914			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						01/19/1996 · Applied For	
	lace of Business	—	2a. Mailing Address □			1	
21		26				65-0644195 Not Applicable	
Suite, Apt.	#, etc.	— · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	
22		27 Sit 4 State					
City & State	e	<u> </u>	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23	Country Zip Cou			untne			
Zip	′	— — ·	Countr			8. This corporation owes the current year Intangible Personal Property Tax.	
24	25	29	30	1		10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Yorks of Party	
ADK	INS, DAVID R						
2005 SW 28TH TER.				82 Street Address (P.O. Box Number is Not Acceptable)			
_	E CORAL FL 33914		83				
CAF	E CONAL I E 33914			03			
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florid	a Statutes, the a e was authorize	above d by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0	505, Florida Sta	tutes.		, , ,,	
SIGNATURE						required when reinstating) DATE	
	Signature, typed or printed name of registered a		(NOTE: Registere		it signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.				1.1 TITLE		Change Addition	
TITLE	DPST DAVED D	عام الــا		1.2 NAME			
NAME	ADKINS, DAVID R		4				
STREET ADDRESS			STREET	raddress			
CITY-ST-ZIP			CITY-\$1	T-ZIP	Change Addition		
TITLE		[] DE	1	me		Change C Addition	
NAME			2.2 N	AME	-		
STREET ADDRESS	TREET ADDRESS		2.3 STREET ADD		r address		
CITY-ST-ZIP			2. 4	2. 4 CITY-ST-ZIP			
TITLE	ITLE		LETE 31T	31 TITLE		☐ Change ☐ Addition	
NAME			3.2 N	AME			
STREET ADDRESS			3.3 \$	STREET	TADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP		
TITLE		☐ DELETE 4		4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2	NAME			
STREET ADDRESS			4.3 \$	STREET	TADDRESS		
CITY-ST-ZIP	· I		CITY-S1	T-ZIP			
TITLE		□ DE		5.1 TITLE		☐ Change ☐ Addition	
NAME				VAME		·]	
STREET ADDRESS			5.3 \$	STREET	TADDRESS		
1			5.4 0	CITY-S1	T-ZIP		
CITY-ST-ZIP		[] DE				☐ Change ☐ Addition	
TITLE		23.00	6.2 NAME		l		
NAME	{				TADDRESS		
STREET ADDRESS							
CITY-ST-ZIP	1		6.4 (CITY-S	1-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

DAVID R ADKINS, PRES