

10-1-98 B-8362 C
NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # P96000048749 (1)

1. Corporation Name

LESLEY HUDNALL, INC.

Principal Place of Business

Mailing Address

~~5140 STALEY RD~~
FT-MYERS FL 33905

~~5140 STALEY RD~~
FT-MYERS FL 33905

5800 MICHELE LN
ST. CLOUD, FL 34772

2. Principal Place of Business

2a. Mailing Address

21 5800 Michele Lane
Suite, Apt. #, etc.

26 5800 Michele Ln
Suite, Apt. #, etc.

22

27

23 City & State
St Cloud, FL
Zip Country
34772 USA

28 City & State
St. Cloud, FL
Zip Country
34772 USA

24

29

9. Name and Address of Current Registered Agent

HUDNALL, LESLEY

~~5140 STALEY ROAD~~
FORT MYERS FL 33905

See above

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5800 Michele Ln

83

84 City St. Cloud

FL 85 Zip Code 34772

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 Lesley Hudnall (LESLEY HUDNALL)
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-15-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HUDNALL, LESLEY
STREET ADDRESS ~~5140 STALEY RD~~ See above
CITY-ST-ZIP FT-MYERS FL 33905

1.1 TITLE D
1.2 NAME Hudnall, Lesley
1.3 STREET ADDRESS 5800 Michele Ln
1.4 CITY-ST-ZIP St. Cloud, FL 34772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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.

SIGNATURE: Lesley Hudnall

9/15/98

(407)
951-3772

CR2E034 (5/98)