

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED  
Apr 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000053837 (6)

1. Corporation Name

BRIAN LEVERING, INC.



Principal Place of Business

8730 W HIMES AVE  
APT 8-14  
TAMPA FL 33614  
US

Mailing Address

8730 W HIMES AVE  
APT 8-14  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1996

4. FEI Number

59-3386728

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

LEVERING, BRIAN  
1903 OAK CREEK CIRCLE  
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name ~~XXXXXXXXXX~~ LEVERING, BRIAN  
82 Street Address (P.O. Box Number is Not Acceptable) ~~XXXXXXXXXX~~ 8730 N. HIMES AVE, #814  
83 ~~XXXXXXXXXX~~  
84 City TAMPA FL 85 33614

Address  
Change Only

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and title (applicable)

(Not applicable for agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVERING, BRIAN	
STREET ADDRESS	8730 W HIMES AVE APT 8-14	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 NAME	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 NAME	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 NAME	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 NAME	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 NAME	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 NAME	
62 NAME	
63 STREET ADDRESS	
64 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: 

4-16-98

813-932-1896

CP2E034 (10/97)