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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600098317

1. Corporation Name

LEAF PROCESSING, INC.

Principal Place of Business

Mailing Address

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90030 016 ***150.00



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4412 CARVLLWOOD VILLAGE DR. TAMPA FL 33624	4412 CAROLLWOOD VILLAGE DR. TAMPA FL 33624			DO NOT WRITE IN TH	IIS SPAC	F	
•				3. Date Incorporated or Qualifed 01/01/1997	10 01 710		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	26			59-3421348		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		.,	5. Certifcate of Status Desired		.75 Additional ee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
Zip Country Zip Cou		untry	8. This corporation owes the current year Intangible				
24 25	29 30			Personal Property Tax.	x Ye	s 🗆 No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
KAHRS, H E 4412 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624		81 82	Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
		83					
			City	F	85	Zip Code	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was authorize	d by i	the corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changi pointment	ng its registered as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change 1.1 TITLE TITLE KAHRS, NABI G 1.2 NAME NAME 4412 CARROLLWOOD VILLAGE DR 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE Change TITLE KAHRS, H E 22 NAME NAME 4412 CARROLLWOOD VILLAGE DR 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition □ DELETÉ TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

H' Erich Kahr

01-04-99

313-962-1423 Daytime Phone # CR2E034 (11/98)

^{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 13 if changed, or on an attachment with an address, with all other like empowered.