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

PROFIT 'CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700001087

1. Corporation Name

Z. LEATHERWOOD, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90022 043 ***150.00



Principal Place of Business Mailing Address						,,,, pp187 ISBN 8519	,, iden 1881 1881
1120 WHEELER AVENUE 1120 WHEELER AVENUE							
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114			2114		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					12/30/1996		
Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For
21		26	6		59-3419809		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
22		27					
City & State	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	Zip	Col	intry	This corporation owes the current year		101000
Zip	25	29	30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Personal Property Tax.	Yes	□No
24	9. Name and Address of Curr		. 130)		10. Name and Address of New Register	ed Agent	
	5. Nume and Addition of Care			81 Name			
LEATHERWOOD, ZELDA V				82 Street Add	treet Address (P.O. Box Number is Not Acceptable)		
1120 WHEELER AVENUE				or sueer Add	Street Address (P.O. Box Number is Not Acceptable)		
DAY	TONA BEACH FL 32114			83			
				84 City		- 85 Zip	Code
		÷		'	<u>, </u>	₹ L ` `	
office or s	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change wa	s authorized	i by the corborati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered a	enent and title if sonlicable (N	OTE: Registered	Agent signature require	ed when reinstating) DATE		
12.	-	AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PT	☐ DELETE	1.1 TI	TLE	•	☐ Change	Addition
NAME	LEATHERWOOD, ZELDA V		1.2 N	AME			
STREET ADDRESS	1120 WHEELER AVENUE		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	S	☐ DELETE	2.1 ∏	TLE		☐ Change	Addition
NAME	LEWIS, DOROTHY G		2.2 N	AME			
STREET ADDRESS	429 TARRAGONA WAY	·	2.3 S	TREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32114			STY-ST-ZIP			Addition
TITLE		☐ DELETE	3.1 T	TLE .	and the second s	Change	Addition
NAME			3.2 N	AME			
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CITY-ST-ZIP				CITY-ST-ZIP		* ☐ Change	e
TITLE		☐ DELETE			· · · · · · · · · · · · · · · · · · ·	Criange	, D Addition
NAME		•		IAME			
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CITY-ST-ZIP				ITY-ST-ZIP		Change	e 🔲 Addition
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NAME				AME			
STREET ADDRESS				TREET ADORESS			
CITY-ST-ZIP				ITY-ST-ZIP		☐ Change	e Addition
TITLE		☐ OELETE				□ Change	, Magnion
NAME				AME			
STREET ADDRESS				TREET ADDRESS	•		
1	İ		640	ITY-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, with all other like empowered.

SIGNATURE: