

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90108 026 \*\*\*150.00

DOCUMENT # P97000028543

1. Corporation Name

LEATHERWOOD PROPERTIES OF PEABODY, INC.



Principal Place of Business  
401 E. CHASE ST. SUITE 105  
PENSACOLA FL 32501

Mailing Address  
P.O. BOX 1342  
QUECHEE VT 05059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1997

4. FEI Number

59-3441433

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 907

22 City & State

27 City & State

23 Zip Country

28 Norwich, VT

24

29 05055 30

9. Name and Address of Current Registered Agent

BRANNEN, DAVID A  
401 E. CHASE ST. SUITE 105  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name David Leatherwood

82 Street Address (P.O. Box Number is Not Acceptable)  
3469 Willow Lane

83

84 City Gulf Breeze

FL

85 Zip Code 32561

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LEATHERWOOD, LORETTA  
STREET ADDRESS P O BOX 907  
CITY-ST-ZIP NORWICH UT 05055

TITLE VP  
NAME LEATHERWOOD, DAVID  
STREET ADDRESS P O BOX 907  
CITY-ST-ZIP NORWICH VT 05055

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P  
1.2 NAME Leatherwood, David  
1.3 STREET ADDRESS PO Box 907  
1.4 CITY-ST-ZIP Norwich, VT 05055

2.1 TITLE VP, D  
2.2 NAME Leatherwood, Loretta  
2.3 STREET ADDRESS PO Box 907  
2.4 CITY-ST-ZIP Norwich, VT 05055

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: David Leatherwood 4-9-99 807-649-2929

CR2E034 (11/98)