


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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 021 ***550.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000059913**

1. Corporation Name
LEON PROPERTIES, INC.

Principal Place of Business 2030-2 THOMASVILLE RD TALLAHASSEE FL 32312	Mailing Address 2030-2 THOMASVILLE RD TALLAHASSEE FL 32312
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2. Principal Place of Business 6173 BRADFORDVILLE RD TALLAHASSEE FL 32308	2a. Mailing Address 6173 BRADFORDVILLE RD TALLAHASSEE FL 32312	4. FEI Number 59-3456618	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State TALLAHASSEE FL. LEON	28. City & State TALLAHASSEE FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 32308-6619	29. Country LEON	30. Zip 32308-6619	31. Country LEON

9. Name and Address of Current Registered Agent EARNHART, PAUL M 2030-2 THOMASVILLE RD TALLAHASSEE FL 32312	10. Name and Address of New Registered Agent JOSEPH G. BRIGGS 6173 BRADFORDVILLE ROAD TALLAHASSEE FL. 32308-6619 FL
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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 Joseph G. Briggs President DATE May 18-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EARNHART, PAUL		1.2 NAME JOSEPH G. BRIGGS	
STREET ADDRESS 2030-2 THOMASVILLE RD.		1.3 STREET ADDRESS 6173 BRADFORDVILLE RD	
CITY-ST-ZIP TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP TALLAHASSEE FL. 32308-6619	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joseph G. Briggs President DATE 5/18/99 850-668-4549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR