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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095789 (8)

1. Corporation Name

LEISURE SEASONS ENTERPRISE, INC.

Principal Place of Business

37718 CR 44A
EUSTIS FL 32736

Mailing Address

POST OFFICE BOX 3046
EUSTIS FL 32727-3046

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1997

4. FEI Number

59-3479023

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 12 E. Magnolia Avenue
Suite, Apt. #, etc

2a. Mailing Address

26 12 E. Magnolia Avenue
Suite, Apt. #, etc.

City & State

23 Eustis, FL

City & State

28 Eustis, FL

Zip

24 32726

Country

25 Lake

Zip

29 32726

Country

30 Lake

9. Name and Address of Current Registered Agent

COMPTON, WILLIAM E
37718 CR 44A
EUSTIS FL 32736

10. Name and Address of New Registered Agent

81 Name

Alberson, Michael C.

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

12 E. Magnolia Avenue

83

84 City

Eustis

FL

85 Zip Code

32726

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

Michael C. Alberson

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Compton, William E.
STREET ADDRESS 12 E. Magnolia Avenue
CITY-ST-ZIP Eustis, FL 32726

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President
NAME Alberson, Michael C.
STREET ADDRESS 12 E. Magnolia Avenue
CITY-ST-ZIP Eustis, FL 32726

TITLE Secretary
NAME Alberson, Rebecca B.
STREET ADDRESS 12 E. Magnolia Avenue
CITY-ST-ZIP Eustis, FL 32726

TITLE Treasurer
NAME Compton, Elizabeth A.
STREET ADDRESS 12 E. Magnolia Avenue
CITY-ST-ZIP Eustis, FL 32726

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 liquidator 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

Michael C. Alberson

4/21/98

352-373-0155

CR2E034 (10/97)