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 # P97000098840

1. Corporation Name

ANTHON	Y H. LEVERING, INC.					
Principal Place of Business Mailing Address					((BOLISO) has rate; (mail agus sain) agus agus later rate hant agus agus agus	
915 TAMIAMI TRAIL S. SUITE Z NOKOMIS FL 34275 US 915 TAMIAMI TRAIL S. SUITE Z NOKOMIS FL 34275 US 915 TAMIAMI TRAIL S. SUITE Z NOKOMIS FL 34275 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/12/1997
21 276						4. FEI Number Applied For 65-0797197 Not Applicable
C to Aug. 4 and 1 Cuito Ant # oto I			51	SAME		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip 24 34285- 2419 25 45A 29 30				Country		8. This corporation owes the current year Intangible Personal Property Tax.
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
				84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligation	Fiorida, Such change was al	uunonzea	DV	trie corpora	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent			Agen	t signature requ	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		OFFICERS AND DIRECTORS 13. DELETE 1.178				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE '	PVST DELETE 1.1 TF LEVERING, ANTHONY H 1.2 NV					
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP:	ZIP: NOKOMIS FL 34275		1.4 CT	1.4 CITY-ST-ZIP		
TITLE			2.1 TI	.1 TITLE		☐ Change ☐ Additi
NAME '	LEVERING, ANTHONY H		2.2 NA	2.2 NAME		
STREET ADDRESS	REET ADDRESS 501 LYONS BAY ROAD		2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP.	(-8:-2F) 1101101110 12 0 12 0			2. 4 CITY-ST-ZIP		
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NAME	•		3.2 NA	MÉ		•
STREET ADDRESS			3.3 ST	REET	TADDRESS	

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 suppliemental 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 or a all-phright with an address, with all other like empowered. 1-14-99

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NAME

Change

Change

___ Change

☐ Addition

Addition

Addition

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90117 001 ***150.00