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Apr 29, 1999 8:00 am

Secretary of State

04-29-1999 90255 036 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000015774

1. Corporation Name

LEADING EDGE OF SOUTHWEST FLORIDA, INC. Principal Flace of Business Mailing Address 2268 SE AC POLK JR. DRIVE of 2268 SE AC POLK JR. DRIVE ARCADIA FL 34266 ARCADIA FI. 34266 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/16/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business No Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 22 City & 5 tate City & State \$5.00 May Be 6. Electic n Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country This corporation owes the current year Intangible Country Zip Zip No Personal Property Tax. ☐ Yes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARSONS, WADE H ESQUIRE Street Address (P.O. Bo) Number is Not Acceptable) 82 1853 VICTORIA AVENUE FORT MYERS FL 33901 83 Zip Code 84 City 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 (NOT E: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change 1.1 TITLE President TITLE Rebecca Minnear 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 124 NW 7th 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADORE 35 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

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 or riffy that the information indicated on this annual report of 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 chapged, or on an attactment with an address, with all other like empowered.

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mille SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

☐ Change

☐ Addition

☐ Addition

(11/98)CR2E034