Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90047 044 \*\*\*150.00

## 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 # P98000036766

1. Corporation Name

LEGEAR ENTERPRISES, INC.

	<u></u>						
Principal Place	of Business	Mailing Address	Mailing Address				
893 HUB DRIVE		893 HUB DRIVE					
PANAMA CITY FL 32401		PANAMA CITY FL 32401		. DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					04/22/1998		ļ
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	X Ar	plied For
21		26				No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	*	Additional
22		27			5. Certificate of Status Desired	Fee Re	equired
City & State	9	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Žip	Country	<u> </u>	Country	•	8. This corporation owes the current ye		
24	25	29 30			Personal Property Tax.	∐ Yes	□No
Name and Address of Current Registered Agent				Name	10. Name and Address of New Regis	tered Agent	
DAKI	ED COANK A		81	Name			
BAKER, FRANK A			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
893 HUB DRIVE			83				
PANAMA CITY FL 32401			83	1			\ \
			84	City	•	FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at							registered
office or re	egistered agent, or both, in the State 0	t Florida. Such change was autho	1200 DY	tne corporati	on's board of directors. I hereby accept the	appointment as re	egistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes	5.			1
SIGNATURE		and title & applicable (NOTE: Book	tored Age	nt cionature requir	ad when reinstation)	ATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				organic signature required that the same signature required to			
TITLE	SDVT		1.1 TITLE			☐ Change	Addition
NAME	LEGEAR, NOAH A		1.2 NAME	. ]			
STREET ADDRESS	893 HUB DRIVE			TADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401	<b>I</b>	1.4 CITY-S	i			-
TITLE	D		2.1 TMLE			☐ Change	☐ Addition
NAME -	LEGEAR, OBIE		2.2 NAME				}
STREET ADDRESS	893 HUB DRIVE	1		TADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401		2. 4 CITY-	ST-ZIP			
TITLE	D		3.1 TITLE			☐ Change	Addition
NAME	GOLDEN, KIMBERLY L		3.2 NAME				
STREET ADDRESS	893 HUB DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PANAMA CITY FL 32401	}	3.4. CITY-:	ST-ZIP_			
TITLE	P	☐ DELETE	4.1 TITLE			Change	Addition
NAME	LEGEAR, NOAH A		4. 2 NAME				{
STREET ADDRESS	893 HUB DRIVE		4.3 STREE	T ADDRESS		•	{
CITY-ST-ZIP	PANAMA CITY FL 32401		4.4 CITY-S	ST-ZIP			
TITLE			5.1 TITLE	-		☐ Change	Addition
			52 NAME	1			}

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 a attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP.

CITY-\$T-ZIP

Change

☐ Addition