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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043433			
1. Corporation Name LEGS, ETC. INC.			
Principal Place of Business 5015 N. DEWEY WAY HERNANDO FL 34442		Mailing Address 5015 N. DEWEY WAY HERNANDO FL 34442	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/11/1998			
2. Principal Place of Business		4. FEI Number 59-3510815	
21. Suite, Apt. #, etc.	22. City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip	24. Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Name and Address of Current Registered Agent		7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No	
CHADWICK, SARAH J 5015 N. DEWEY WAY HERNANDO FL 34442		8. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
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 607.0606, Florida Statutes.			
SIGNATURE _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OWNER	Margaret Altenhof	1.1 TITLE	
5045 N Harding Terrace		1.2 NAME	
HERNANDO, FL 34442		1.3 STREET ADDRESS	
OWNER	Wayne Appleton	1.4 CITY-ST-ZIP	
6115 N. Peardale Terrace		2.1 TITLE	
Beverly Hills, FL 34465		2.2 NAME	
OWNER	Orlene Appleton	2.3 STREET ADDRESS	
6115 N. Peardale Terrace		2.4 CITY-ST-ZIP	
Beverly Hills, FL 34465		3.1 TITLE	
OWNER	Sarah S. Chadwick	3.2 NAME	
5015 N. Dewey Way		3.3 STREET ADDRESS	
HERNANDO, FL 34442		3.4 CITY-ST-ZIP	
OWNER		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
OWNER		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
OWNER		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 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: Sarah S. Chadwick

4/2/99

352-489-1549

SIGNATURE AND TYPE OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR