

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S11326 (3)

1. Corporation Name

LEGGETT TECHNICAL SERVICE, INC.



Principal Place of Business

Mailing Address

14907 HARDY DR. WEST
TAMPA FL 33613

14907 HARDY DR. WEST
TAMPA FL 33613

3. Date Incorporated or Qualified
11/05/1990

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

21 14907 HARDY DR WEST

2a. Mailing Address

26 Suite, Apt #, etc.

22 Suite, Apt #, etc.

27 Suite, Apt #, etc.

23 City & State

TAMPA FL

28 City & State

TAMPA FL

24 Zip

33613

25 Country

Hillsborough

29 Zip

33613

30 Country

4. FEI Number
59-3038347

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEGGETT, JULIAN S
14907 HARDY DRIVE WEST
TAMPA FL 33613

81 Name Leggett JULIAN SR

82 Street Address (P.O. Box Number is Not Acceptable)
14907 HARDY DR WEST

83

84 City TAMPA FL

FL 85 Zip Code
33613

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 JULIAN Leggett SR

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

7/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LEGETT, JULIAN H ST
STREET ADDRESS 14907 HARDY DR. WEST
CITY - ST - ZIP TAMPA FL

TITLE D
NAME WILLIAMS, CONSTANCE
STREET ADDRESS 4924 GULFSTREAM PL
CITY - ST - ZIP LAND O'LAKES FL

TITLE D
NAME MCCAFFREY, JULIE
STREET ADDRESS 3437 SHORE CT
CITY - ST - ZIP LAND O'LAKES FL

TITLE T
NAME LEGGETT, VIOLET M.
STREET ADDRESS 14907 HARDY DR. WEST
CITY - ST - ZIP TAMPA FL

TITLE D
NAME LEGGETT, JULIAN H JR
STREET ADDRESS 1904 MOBIL VILLA CIRCLE N
CITY - ST - ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JULIAN Leggett SR JULIAN Leggett SR 7/23/96 8/3-96/6916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)