

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S12942 (6)

1. Corporation Name
PHILIP LEDINGTON, INC.



| | |
|---|---|
| Principal Place of Business 3322 TAMiami TRAIL EAST NAPLES FL 33902 34112 | Mailing Address 3322 TAMiami TRAIL EAST NAPLES FL 34112-4903 |
|---|---|

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/13/1990 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3037041 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

LEDINGTON, PHILIP
14500 MUSKET FIRE
ORLANDO FL 32821

*121 GABRIEL CIR
 UNIT 7 NAPLES, FL 34104*

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent's signature required when retreating).

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LEDINGTON, PHILIP | |
| STREET ADDRESS | 14500 MUSKET FIRE | |
| CITY-ST-ZIP | ORLANDO-FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | DIANNE B. ELLIOTT | |
| STREET ADDRESS | 2701 NE 10TH STREET, UNIT 908 | |
| CITY-ST-ZIP | OGALA-FL | |
| TITLE | NO 1016 ESTERO | <input type="checkbox"/> DELETE |
| NAME | FL. 33928 | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY-ST-ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 2.4. CITY-ST-ZIP | |
| 3.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2. NAME | |
| 3.3. STREET ADDRESS | |
| 3.4. CITY-ST-ZIP | |
| 4.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2. NAME | |
| 4.3. STREET ADDRESS | |
| 4.4. CITY-ST-ZIP | |
| 5.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2. NAME | |
| 5.3. STREET ADDRESS | |
| 5.4. CITY-ST-ZIP | |
| 6.1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2. NAME | |
| 6.3. STREET ADDRESS | |
| 6.4. CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Philip Ledington* Philip Ledington 4-27-97 941-7759985

CR2E034 (9/96)