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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

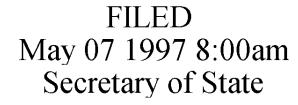
DOCUMENT # S12942

(6)

PHILIP LEDINGTON, INC.

Principal Place of Business

Mailing Address





| 8322 TAMIAMI TRAIL E<br>NAPLES FL-83902<br>34//2                           |   | 3322 TAMIAMI TRAIL EAST<br>NAPLES FL 34112-4903 |                      |                   |                                |  |   |                      |                    |                                |
|--|---|---|----------------------|-------------------|--------------------------------|--|---|----------------------|--------------------|--------------------------------|
| , <del>-</del> • · · ·   |   |   |                      |                   |                                |  | 3. Date Incorporated or Qualified 11/13/1990  | 3a. Date o           |                    | Report                         |
| 2. Principal Place of  | 2a. Mailing   | 2a. Mailing Address                             |                      |                   |                                | 4. FEI Number  |   |                      | pplied For         |                                |
| 21   | 26  |   |                      |                   |                                | 59-3037041   |   | <del></del>          | lot Applicable     |                                |
| Suite, Apt. #, etc.  |   | 27  | · <del>    </del>    |                   |                                | 5. Certificate of Status Desired                     | \$<br>  |                      | Additional equired |                                |
| City & State   | ₹ State   |   | City & State         |                   |                                |  | 6. Election Campaign Financing<br>Trust Fund Contribution                             |                      |                    |                                |
| Zip 34112  | Country 25  |   |                      | Сонг<br><b>30</b> | ntry                           |  | 8. This corporation has liability for i   | ntangible tax<br>Yes |                    | s. 199.032,                    |
|  | lame and Address of Curre   | nt Registered Ag                                | ent                  |                   |                                |  | 10, Name and Address of New Re  | gistered Age         | nt                 |                                |
| LEDINGTO   | n, Philip   |   |                      |                   | <b>81</b> N                    | ame  |   |                      |                    |                                |
| 14500 MUSKET FIRE 12/ GABriel CIT<br>ORLANDO FL-02021 UNIT 7 NAPHOS, F/ 34 |   |   |                      | كندرك             | <b>82</b> St                   | 2 Street Address (P.O. Box Number is Not Acceptable) |   |                      |                    |                                |
| QRLANDO  | <del>FL-828</del> 21 <i>V/V/Y- 7</i>  | NAPR  | 3, 11 37             | 101               | 83                             |  |   |                      |                    |                                |
|  |   |   |                      |                   |                                |  |   |                      |                    |                                |
|  |   |   |                      |                   | <b>84</b> C                    | ity  |   | FL <sup>8</sup>      | <b>5</b> Zip       | Code                           |
| office or register   | provisions of Sections 607.05<br>ed agent, or both, in the Stat<br>liar with, and accept the obli | e of Florida. Such                              | change was a         | uthorized         | d by the                       | med cor<br>e corpora                                 | rporation submits this statement for the pation's board of directors. I hereby accept | urpose of chi        | anging<br>ment a   | its registered<br>s registered |
| SIGNATURE Signature  | o, typed or printed name of registered a  | gent and tale if applicable                     | (NOTE                | Hegistered        | i Agents (                     | mature req.  | ared when renetating)   | DATE                 |                    |                                |
| 12.  | OFFICERS AI   | ND DIRECTORS                                    |                      | 13.               |                                |  | ADDITIONS/CHANGES TO OFFIC  |                      |                    |                                |
| TIFLE P  |   | l l   | DELETE               | 1.1.117           | 't.F                           |  |   |                      | Change             | ☐ Addition                     |
| NAME LEDIT   | NGTON, PHILIP<br><del>8 MUSKET PI</del> RE /2/  | EALVIEL.  | PIL                  | 1.2 NA            | ME                             |  |   |                      |                    |                                |
| ADI A  | WNDO-FL UNIT 7  | NAPles, F                                       | F1. 34104            | 4                 | REET ADD                       |  |   |                      |                    |                                |
| OILL OLE   | WINDOTL CIVITY  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         | DLLETE               |                   | 1Y-\$1-71                      | ·  |   |                      | Change             | Addition                       |
| CIAN   | NE B. ELLIOTT   | ·   | 0.2.1.1.1            | 2 111             |                                |  |   |                      | Ullariye           | C Addition                     |
|  |   | 908 20640                                       | 820640<br>REEK DRIVE |                   | 2.2 NAME<br>2.3 STREET ADDRESS |  |   |                      |                    |                                |
| CITY-ST-ZIP OGAI   | HAFL COUNTRY  | CREEK   |                      |                   | 2 4 City - St - 7iP            |  | • •   |                      |                    |                                |
| TITLE  | NO 1016   |   | DELFTE               | 3 1 TIT           |                                |  |   |                      | Change             | Addition                       |
| NAME   | F1.33   | 928   |                      | 3.2 NA            | MF                             |  |   |                      |                    |                                |
| STREET ADDRESS   | , ,,,,,,,   | 7000  |                      | 3.3 \$11          | REET ADD                       | RESS   |   |                      |                    |                                |
| CITY-ST-ZIP  |   |   |                      | 3 4. CI           | TY-\$1-7                       | 9  |   |                      |                    |                                |
| TITLE  |   | Ţ   | DELETE               | 4.1 111           | l E                            |  |   |                      | Change             | Addition                       |
| NAME   |   |   |                      | 4. 2 NA           | AME                            |  |   |                      |                    |                                |
| STREET ADDRESS   |   |   |                      | 4.3 S1            | REFT ADD                       | RESS   |   |                      |                    |                                |
| CITY-ST-ZIP  | ,, <del>.</del>   |   |                      | 4.4 CI1           | 1Y - ST - ZI                   | >  |   |                      |                    |                                |
| TITLE  |   | · l   | DELETE               | 5 1 TIT           | L <b>E</b>                     |  |   | L.J                  | Change             | Addition                       |
| NAME   |   |   |                      | 5.2 NA            | MF                             |  |   |                      |                    |                                |
| STREET ADDRESS   |   |   |                      | 5.3 5?(           | REET ADD                       | RESS   |   |                      |                    |                                |
| CITY-ST-ZIP  |   |   | DULTE                |                   | 1Y - ST - ZI                   | ,  |   | <del></del>          | Cherr              | 100000                         |
| TITLE  |   | ι   | DELETE               | 6 1 T(1           |                                |  |   | LJ                   | Change             | ☐ Addition                     |
| NAME   |   |   |                      | 6.2 NA            |                                |  |   |                      |                    |                                |
| STREET ADDRESS   |   |   |                      |                   | REET ADD                       |  |   |                      |                    |                                |
| CITY-ST-ZIP  | fy that the information supplie   | ed with this filme o                            | loes not qualif      |                   | TY+\$1+ZI<br>exemp             |  | ed in Section 119 07(3)(i). Florida Statute   | s. I further ce      | rtify tha          | t the                          |

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: The Lie of education Philip Lection to 4-27-97 941-7759985