

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **S18430** (6)

1. Corporation Name
LEISURE BAY DISTRIBUTING OF OHIO, INC.

Principal Place of Business Mailing Address
6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810 **6333 NORTH ORANGE BLOSSOM TRAIL SUITE 201 ORLANDO FL 32810**

3. Date Incorporated or Qualified **12/14/1990** 3a. Date of Last Report **02/15/1994**

2. Principal Place of Business 21 3033 Mercy Dr.		2a. Mailing Address 26 3033 Mercy Dr.		4. FEI Number 59-3042781		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22 City & State Orlando, FL		27 City & State Orlando, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23 Zip Country 32808 Orange		28 Zip Country 32808 Orange		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 EDGAR, CANDICE B. 6333 N ORANGE BLOSSOM TR. SUITE 201 ORLANDO FL 32810-1271				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable) 3033 Mercy Dr.			
B3				B4 City Orlando B5 Zip Code FL 32808			

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME DOEBLER, DONALD W.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6333 N.ORANGE BLOSSOM TR	CITY- ST- ZIP ORLANDO FL	1.2 NAME	
		1.3 STREET ADDRESS 3033 Mercy Dr.	
		1.4 CITY- ST- ZIP Orlando, FL 32808	
TITLE VST	NAME EDGAR, CANDICE B.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6333 N.ORANGE BLOSSOM TR	CITY- ST- ZIP ORLANDO FL	2.2 NAME	
		2.3 STREET ADDRESS 3033 Mercy Dr.	
		2.4 CITY- ST- ZIP Orlando, FL 32808	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY- ST- ZIP		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY- ST- ZIP		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY- ST- ZIP		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY- ST- ZIP		6.3 STREET ADDRESS	
		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Candice B. Edgar* 4-25-95 (407)297-0711
Candice B. Edgar Vice President