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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42632** **(7)**

1. Corporation Name

THE LEADING SOURCE, INC.

Principal Place of Business	Mailing Address
429 MARY ESTHER BLVD. STE. 1 FT. WALTON BEACH FL 32548 US	429 MARY ESTHER BLVD. STE. 1 FT. WALTON BEACH FL 32548 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1991	3a. Date of Last Report: 09/22/1994
4. FEI Number: 59-2937758	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 351 MARY ESTHER BLVD.	26 351 MARY ESTHER BLVD.
Suite, Apt. #, etc 22 5	Suite, Apt. #, etc 27 5
City & State 23 MARY ESTHER, FL	City & State 28 MARY ESTHER, FL
Zip / Country 24 32569 / 25 US	Zip / Country 29 32569 / 30 US

9. Name and Address of Current Registered Agent

BLACK, STAN
429 MARY ESTHER BLVD., STE. 1
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 (Signature of new registered agent, if changed) (Signature of registered agent, if changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BLACK, STAN	12 NAME	
STREET ADDRESS	13 KELLY AVE	13 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL	14 CITY ST ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	BLACK, STAN	22 NAME	
STREET ADDRESS	13 KELLY AVE	23 STREET ADDRESS	
CITY ST ZIP	FT WALTON BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: Stan M. Black, President 04/26/95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — DATE

904-243-4442
(Daytime Phone #)

0470433 FP