SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 10 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53959** **(0)**

1. Corporation Name
LYNNE LESLIE, INC.

Principal Place of Business	Mailing Address
206 QUAIL AVE. SEBRING FL 33872 US	P. O. BOX 4435 SEBRING FL 33871-4435 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/21/1991**
3a. Date of Last Report: **06/09/1994**

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

4. FEI Number: **65-0271704** ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNNE M. LESLIE-PURSE (NAME CHANGE ONLY)
206 QUAIL AVE.
SEBRING FL 33872

10. Name and Address of New Registered Agent

81 Name: LYNNE M. LESLIE
82 Street Address (P.O. Box Number Is Not Acceptable): 206 QUAIL AVE
83 SEBRING
84 City: FL 85 Zip Code: 33872

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: Lynne M. Leslie PVS.T. June 20, 1995
(Signature, typed or printed name of registered agent and title, if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PV	1.1 TITLE	PV	☒ Change ☐ Addition
NAME	LESLIE-PURSE, LYNNE M	1.2 NAME	LESLIE, LYNNE M.	
STREET ADDRESS	206 QUAIL AVE.	1.3 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	SEBRING FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	LESLIE-PURSE, LYNNE M	2.2 NAME	LESLIE, LYNNE M.	
STREET ADDRESS	206 QUAIL AVENUE	2.3 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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: Lynne M. Leslie July 5, 1995 (941) 382-7967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LYNNE M. LESLIE, President (P.S.T.)

01E0752 PP