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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S70349

(3)

1. Corporation Name
SOUTHEAST LEISURE, INC.

Principal Place of Business

1125 US 98 S
SUITE 200
LAKELAND FL 33801
US

Mailing Address

1125 US 98 S
SUITE 200
LAKELAND FL 33801-5846
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 02/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3075023	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

MURPHY, RONALD T. ESQ.
5015 SOUTH FLORIDA AVE, SUITE 400A
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81. Name

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

83.

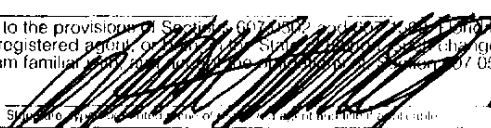
84. City

FL

85. Zip Code

11. Pursuant to the provisions of Section 607.07(2) and (3)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. Since the above change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with the provisions of Section 607.05(5), Florida Statutes.

SIGNATURE



(NOT: If registered agent is signature required when registering)

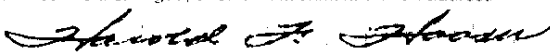
DATE

1-9-97

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
PD CLIFFORD, G. LEE JR. 5015 S FLORIDA AVE LAKELAND FL 33813	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
S HAMSEC HAROLD F. 1125 US 98 S, SUITE 200 LAKELAND FL	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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:



HAROLD F. HAASE 1-23-97

CR2E034 (9/96)