

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S87484
1. Corporation Name

LEISURE RIVER ESTATES, INC.

Principal Place of Business

Mailing Address

4421 LANE ROAD
ZEPHYRHILLS, FL 33541

3. Date Incorporated or Qualified
10/14/1991

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3094454

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 Suite Apt. #, etc.

26 11401 HWY. 301 NORTH

22 City & State

27 City & State

23 Zip

Country

28 THONOTOSASSA, FL

24

25

29 33592

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBONS, GARY A.
3321 HENDERSON BLVD.
TAMPA, FL 33609

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 officer, director, 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 ☐ DELETE

NAME HILL, GAIL
STREET ADDRESS 4421 LANE ROAD
CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE ☐ DELETE

NAME HILL, VERON T.
STREET ADDRESS 4421 LANE ROAD
CITY-ST-ZIP ZEPHYRHILLS, FL

TITLE ☐ DELETE

NAME BLACK, GEORGE L., JR.
STREET ADDRESS P. O. BOX 16800 N/A
CITY-ST-ZIP TAMPA, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME HILL, VERNON T. (SPELLING ERROR)
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS P. O. BOX 16800
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

APPROVED
AND
FILED

97 MAY 27 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR202310006

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****165.00 ****165.00

A. Alan
5/27/97

5/23/97 (813) 986-2489