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

**PROFIT** CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

LEISURE RIVER ESTATES, INC.

Principal Place of Business 4421 DANE RD

Mailing Address

## FILED Apr 16 1998 8:00am Secretary of State



11401 HWY. 301 NORTH ZEPHYRAULS FL 33541 THONOTOSASSA FL 33592 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1991 Principal Place of Business

AO HWY
Suite, Apt. #, etc. 4. FEI Number 2a. Mailing Address Applied For 59-3094454 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GIBBONS, GARY A. 3321 HENDERSON BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPÀ FL 33609** 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change HILL, GAIL NAME 1.2 NAME 4421 LANE ROAD STREET ADDRESS 1.3 STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 2.1 TITLE ■ Addition HILL, VERNON T NAME 2.2 NAME 4421 LANE ROAD STREET ADDRESS 2.3 STREET ADDRESS **ZEPHYRHILLS FL** CITY+ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change 3.1 TITLE Addition BLACK, GEORGE L., JR NAME 3.2 NAME P.O. BOX 16800 N/A STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE WITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 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 DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 altachment with an address.