

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1999.
AMOUNT DUE ON OR BEFORE 6/30/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # S97793 (1)

1. Corporation Name
LEEMAN DISTRIBUTORS, INC.

Principal Place of Business: **3992 BLENHEIM ST. FT. MYERS FL 33919**
 Mailing Address: **3992 BLENHEIM ST. FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/02/1991**
 3a. Date of Last Report: **03/24/1994**

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

4. FBI Number: 65-0305240	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEEMAN, RONALD
 3992 BLENHEIM ST.
 FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, typed or printed name of registered agent and the 4 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEEMAN, RONALD
STREET ADDRESS	3992 BLENHEIM ST.O
CITY - ST - ZIP	FT. MYERS FL
TITLE	DV
NAME	LEEMAN, RICHARD H.
STREET ADDRESS	3992 BLENHEIM ST.O
CITY - ST - ZIP	FT. MYERS FL
TITLE	DST
NAME	LEEMAN, SUSAN
STREET ADDRESS	3992 BLENHEIM ST.O
CITY - ST - ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald Leeman	
1.3 STREET ADDRESS	3992 Blenheim St.	
1.4 CITY - ST - ZIP	Ft Myers, FL 33919	
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elaine Leeman	
2.3 STREET ADDRESS	3992 Blenheim St	
2.4 CITY - ST - ZIP	Ft Myers, FL 33919	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Elaine Leeman -VP Elaine Leeman -VP

7-9-95 (94) 481-5548

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)