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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

S97793

(1)

DOCUMENT # \$977 1. Corporation Name LEEMAN DISTRIBUTORS, INC.



3992 BLEN	ace of Business WHEIM ST. S FL 33919	Mailing Address 3992 BLENHEM ST. FT. MYERS FL 33919)			Date leasure to day On the		•••••	
9 Deington	Diago of D					3. Date Incorporated or Qualified 12/02/1991	3a. Date 0)/\\3/\\	Report 995
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number 65-0305240	<u>.</u>		Applied For
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.						¢Ω 7	Not Applicable 5 Additional
22 City & Sta	ate	Crty & State			·	5. Certificate of Status Desired			B Required
23		28 28				Election Campaign Financing Trust Fund Contribution			00 May Be
Zip 24	Country 25	Zip	Cour	ntry		8. This corporation has liability for in		Add x under :	ed to Fees
	9. Name and Address of Curre	29 29 Agent	30			Florida Statutes	☐ No		
		The Hogistered Agent		81 N	me	10. Name and Address of New Re	gistered A	gent	
	IN, RONALD								
	BLENHEIM ST. /ERS FL 33919			82 St	eet Addres	ss (P.O. Box Number is Not Acceptable	e)		
rı. Mı	cno rl 33919		ļ.	83					
			-	84 Ci	 y			ح اعوا	in Code
11. Pursuant	t to the provisions of Sections 607.050	2 and 607,1508. Florida Statut	tue the sha			ion submits this statement for the purp	FL		ip Code
or registe familiar w	ered agent, or both, in the State of Flor vith, and accept the obligations of, Sec	ida. Such change was authoriz tion 607.0505. Florida Statutes	zed by the co	orporati	on's board	ion submits this statement for the purp of directors. I hereby accept the appoi	ose of char ntment as r	nging its registere	registered office d agent. I am
SIGNATURE			J.					•	
12.	Signature, typed or printed name of registered ager	Cand tifk: Papplicative (NO ND DIRECTORS	OTE Registered A	Agenit signa	ure required w		DATE		
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NAME	LEEMAN, RONALD	L) office	1. 1 Tr) i	Lt				Change	Addition
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 10 VICE PRESIDENT 4/27/96 489-1649