

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V21693** (9)

1. Corporation Name
LEPURAGE ENTERPRISES, INC.

Principal Place of Business
**9625 DENTON AVE
HUDSON FL 34667
US**

Mailing Address
**9625 DENTON AVE
HUDSON FL 34667
US**

APPROVED
AND
FILED

95 MAY -1 11 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1992	3a. Date of Last Report 03/22/1994
4. FEI Number 59-3112029	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for delinquency under Chapter 217, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business 13401 Chambod St	2a. Mailing Address 13401 Chambod St
22. Suite Apt. # etc Suite 10	27. Suite Apt. # etc Suite 10
23. City & State Brooksville FL	28. City & State Brooksville FL
24. 34613	25. USA
29. 34613	30. USA

9. Name and Address of Current Registered Agent

**LEPURAGE, A JOYCE
3380 MORVEN DRIVE
SPRING HILL FL 34609**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	3376 Morven Dr
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(3)(g) and 607.15(9), 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 the for 607.01(3)(g), Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent (if not the same as above)

Signature of Registered Agent or Registered Agent (if not the same as above)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME PVPS LEPURAGE, AIDA JOYCE 3380 MORVEN DRIVE SPRING HILL FL 34609		1. NAME 3376 MORVEN DR	☒ Change ☐ Addition
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14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and shown not equally for the exemption stated in Section 119.01(3)(b), Florida Statutes. I further certify that the information included 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this filing, accompanied or on an attachment with an address.

SIGNATURE: *Aida Joyce Lepurage*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-95

94597-8399