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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V31210

(0)

1. Corporation Name

LES SIBLEY & ASSOC., INC.

Principal Place of Business

Mailing Address

711 AZALEA AVENUE  
FT. PIERCE FL 34932-9284

Lester C. Sibley, Jr.  
(407) 277-2551

5339 Tuna Lane

Orlando, FL 32822

1200 CLUB WOODS DR  
ORLANDO FL 32824-9987

Lester C. Sibley, Jr.  
(407) 277-2551

5339 Tuna Lane

Orlando, FL 32822

2. Principal Place of Business

2a. Mailing Address

21 5339 TUNA LANE

26 5339 TUNA LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando, Fla

28 Orlando, Fla

24 Zip

Country

29 Zip

Country

32822

25 Orange

32822

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBLEY, LESTER C., JR.  
1200 CLUB WOODS DR  
ORLANDO FL 32824

Lester C. Sibley, Jr.

(407) 277-2551

5339 Tuna Lane

Orlando, FL 32822

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 registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
D  
1.2 NAME  
SIBLEY, LESTER C., JR.  
1.3 STREET ADDRESS  
1200 CLUB WOODS DR  
1.4 CITY-ST-ZIP  
ORLANDO FL  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

1.1 TITLE  
D  
1.2 NAME  
Sibley, LESTER C., Jr.  
1.3 STREET ADDRESS  
5339 TUNA LANE  
1.4 CITY-ST-ZIP  
Orlando Fla 32822  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
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4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)