

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # V42793

(2)

1. Corporation Name

LEISURE BAY TOOLS, INC.

Principal Place of Business

**3724 SILVER STAR RD
ORLANDO FL 32808
US**

Mailing Address

**6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810**

3. Date Incorporated or Qualified
06/08/1992

3a. Date of Last Report
02/15/1994

4. FEI Number
59-3126087

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 3033 Mercy Dr.

2a. Mailing Address
26 3033 Mercy Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Orlando, FL

Zip

24 32808

Country

25 Orange

Zip

29 32808

Country

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDGAR, CANDICE B.
6333 N ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO FL 32810**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3033 Mercy Dr.

83

84 City

Orlando

FL

85 Zip Code

32808

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 Date if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DOEBLER, DONALD W
STREET ADDRESS	6333 N ORANGE BLOSSOM TR
CITY - ST - ZIP	ORLANDO FL
TITLE	VST
NAME	EDGAR, CANDICE B
STREET ADDRESS	6333 N ORANGE BLOSSOM TRAIL #201
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	3033 Mercy Dr.
1.4 CITY - ST - ZIP	Orlando, FL 32808
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	3033 Mercy Dr.
2.4 CITY - ST - ZIP	Orlando, FL 32808
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(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:

[Signature] VP

4-25-95

(407)297-0141

Candice B Edgar Vice President