

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 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 # **V42793** (2)

1. Corporation Name  
**LEISURE BAY TOOLS, INC.**

Principal Place of Business

**3033 MERCY DR  
ORLANDO FL 32808  
US**

Mailing Address

**3033 MERCY DR  
ORLANDO FL 32808-3113  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**06/08/1992**

3a. Date of Last Report

**05/20/1996**

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

9. Name and Address of Current Registered Agent

**EDGAR, CANDICE B.  
3033 MERCY DR  
ORLANDO FL 32808**

10. Name and Address of New Registered Agent

81 Name

**Paul W. Moses II**

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

**Maguire, Vearhis & Wells, P.A.**

83

**Two South Orange Plaza**

84 City

**Orlando**

**FL**

85 Zip Code

**32802**

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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**4/23/97**

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	DOEBLER, DONALD W	
STREET ADDRESS	3033 MERCY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	EDGAR, CANDICE B	
STREET ADDRESS	3033 MERCY DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	DOEBLER, DAVID R	
STREET ADDRESS	3033 MERCY DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/S</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>Orlando, FL. 32808</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P/D</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Orlando, FL. 32808</b>
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Candice B. Edgar** 4-16-97 (407) 297-0141

Date

Daytime Phone

008655

CR2E034 (9/96)