

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 03 1997 8:00am
Secretary of State

DOCUMENT # V51160

(2)

1. Corporation Name

FRANCIS LEICHMAN CORPORATION

Principal Place of Business

5320 EDGEWATER DRIVE
ORLANDO FL 32810
US

Mailing Address

5320 EDGEWATER DRIVE
ORLANDO FL 32810-5251
US

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

01/23/1996

2. Principal Place of Business

21 5101 Edgewater Drive

2a. Mailing Address

26 P.O. Box 951686

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL

City & State

28 Lake Mary, FL

Zip

24 32810

Country

25 US

Zip

29 32795

Country

30 US

4. FEI Number

59-3173978

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

CATHCART, CHRISTOPHER C.
330 N. BROADWAY AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MCCORKLE, CHANTAL
STREET ADDRESS 5320 EDGEWATER DRIVE--
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME MCCORKLE, WILLIAM
STREET ADDRESS 5320 EDGEWATER DRIVE--
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P.O. Box 951686 N/A
Lake Mary, FL 32795-1686

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

P.O. Box 951686 N/A
Lake Mary, FL 32795-1686

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Chantal McCorkle

11-24-97 407/293-1114

CR2E034 (9/96)