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FILED  
May 14 1997 8:00am  
Secretary of State



PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **V52522** (2)  
1. Corporation Name  
**LEVEL-IT, INC.**



Principal Place of Business  
**3227 LEMA DR  
SPRING HILL FL 34809**

Mailing Address  
**3227 LEMA DR  
SPRING HILL FL 34809-2848**

3. Date Incorporated or Qualified  
**07/13/1992**

3a. Date of Last Report  
**05/09/1996**

4. FEI Number  
**59-3132687**

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30.

9. Name and Address of Current Registered Agent

**DOWELL, MICHAEL J.  
3227 LEMA DR  
SPRING HILL FL 34809**

10. Name and Address of New Registered Agent

1. Name

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

3.

4. 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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	DOWELL, MICHAEL J.	3227 LEMA DR	SPRING HILL FL	<input type="checkbox"/>
VD	MILLER, DONALD	1179 LARKIN RD	SPRING HILL FL	<input type="checkbox"/>
SD	CRAWFORD, GILBERT	447 STILLWATER	SPRING HILL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 T				<input type="checkbox"/>	<input type="checkbox"/>
1.2 N				<input type="checkbox"/>	<input type="checkbox"/>
1.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
1.4 C ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
2.1 T				<input type="checkbox"/>	<input type="checkbox"/>
2.2 N				<input type="checkbox"/>	<input type="checkbox"/>
2.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
2.4 - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
3.1 T				<input type="checkbox"/>	<input type="checkbox"/>
3.2 N				<input type="checkbox"/>	<input type="checkbox"/>
3.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
3.4 - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
4.1 T				<input type="checkbox"/>	<input type="checkbox"/>
4.2 N				<input type="checkbox"/>	<input type="checkbox"/>
4.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 T				<input type="checkbox"/>	<input type="checkbox"/>
5.2 N				<input type="checkbox"/>	<input type="checkbox"/>
5.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 T				<input type="checkbox"/>	<input type="checkbox"/>
6.2 N				<input type="checkbox"/>	<input type="checkbox"/>
6.3 SET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>

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 file 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: Michael J. Dowell 4/24/97 352-686-4875  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLINE PHONE #

CR2E034 (9/96)