

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F27454 (0)

1. Corporation Name

LEADERSHIP LEASING, INC.



Principal Place of Business

4700 SOUTHSIDE BLVD
P.O. BOX 19026F
JACKSONVILLE FL 32216

Mailing Address

4700 SOUTHSIDE BLVD
P.O. BOX 19026F
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
03/30/1981

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2119193

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

10. Name and Address of New Registered Agent

HELMICK JOHN P.JR.
4700 SOUTHSIDE BLVD
JACKSONVILLE FL 32216

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, type or print name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HELMICK, JOHN P, JR	
STREET ADDRESS	4700 SOUTHSIDE BLVD	
CITY- ST- ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELMICK, JOHN P, JR	
STREET ADDRESS	4700 SOUTHSIDE BLVD	
CITY- ST- ZIP	JACKSONVILLE, FL 32202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HELMICK, CLAUDETTE B	
STREET ADDRESS	4700 SOUTHSIDE BLVD	
CITY- ST- ZIP	JACKSONVILLE, FL 32202	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LOVE, THOMAS	
STREET ADDRESS	4700 SOUTHSIDE BLVD	
CITY- ST- ZIP	JACKSONVILLE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Love
Thomas Love

1/30/96 904-642-5111
Date Time Phone #

CR2E034 (12/95)