

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 (21) 2a. Mailing Address (26)

State, Apt. #, etc. (22) State, Apt. #, etc. (27)

City & State (23) City & State (28)

Zip (24) Country (25) Zip (29) Country (30)

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

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 _____ (NOTE: Registered Agent signature required when re-registering) 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		

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: *Thomas Love* **Thomas Love** 1/30/96 904-642-5111
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #

CR2E034 (12/95)