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**Mar 24 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 # 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 32216-6359**

3. Date Incorporated or Qualified: **03/30/1981**
3a. Date of Last Report: **02/02/1996**
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

2. Principal Place of Business:
21 State, Apt. #, etc.
22 City & State
23 Zip Country
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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's signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT HELMICK, JOHN P, JR 4700 SOUTHSIDE BLVD JACKSONVILLE, FL 32202	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HELMICK, JOHN P, JR 4700 SOUTHSIDE BLVD JACKSONVILLE, FL 32202	1.2 NAME	
STREET ADDRESS	S HELMICK, CLAUDETTE B 4700 SOUTHSIDE BLVD JACKSONVILLE, FL 32202	1.3 STREET ADDRESS	
CITY-STATE-ZIP	AS LOVE, THOMAS 4700 SOUTHSIDE BLVD JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 Box 5, 12 or 13 or Box 13 (b) changed, or on any attachment with an address

SIGNATURE: *Thomas Love* **Thomas Love** 3/17/97 904-642-5111
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)