FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED
FILED

TALLAHASSEE, FLORIDA

DOCUMENT # H84175 (9)

1. Corporation Name

SOUTHEASTERN LEASING & EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
8641 BAYPINE ROAD #7 JACKSONVILLE FL 32256 US	8641 BAYPINE ROAD #7 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1985
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2688172 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) — 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)
City & State (23) — City & State (28)
Zip (24) Country (25) — Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HAYES, KEITH M.
8641 BAYPINE ROAD
SUITE #7
JACKSONVILLE FL 32256

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	SVT ☒ Change ☐ Addition
NAME	BORCHELT, RONALD	1 NAME	Hayes, Keith M.
STREET ADDRESS	8641 BAYPINE RD, STE 7	1 STREET ADDRESS	8641 Baypine Rd, Ste 7
CITY-ST-ZIP	JACKSONVILLE FL	1 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VT	2 TITLE	☒ Change ☐ Addition
NAME	BORCHELT, BARBARA	2 NAME	(Delete Borchelt, Barbara)
STREET ADDRESS	8641 BAYPINE RD, STE 7	2 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2 CITY-ST-ZIP	
TITLE	S	3 TITLE	☐ Change ☐ Addition
NAME	HAYES, KEITH M.	3 NAME	
STREET ADDRESS	8641 BAYPINE RD, STE 7	3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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, Florida Statutes. I further certify that the information indicated on the 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: [signature] 4/27/95 (904) 448-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0000843 CP