

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **K15136** (0)

1. Corporation Name
M & G LEASING CO.

95 MAR 14 AM 8:15

Principal Place of Business
**499 STATE RD 434
STE 2179
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address
**499 STATE RD 434
STE 2179
ALTAMONTE SPRINGS FL 32714
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

3. Date Incorporated or Qualified
02/08/1988

3a. Date of Last Report
06/01/1994

4. FEI Number
59-2872449

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
**HOLLINGSWORTH, GEORGE R., II
499 STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**

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 607.0509 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 _____
(Signature must be printed name of registered agent and the filer or filer 2011 (Registered Agent signature required when re-registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	HOLLINGSWORTH, GEORGE, II
STREET ADDRESS	499 STATE ROAD 434, #2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	DP
NAME	MOORE, B. J.
STREET ADDRESS	499 ST ROAD 434, #2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	DV
NAME	GARNER, J.M.
STREET ADDRESS	499 ST ROAD 434, #2179
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the filer, certify that the information furnished on this report is true and accurate and that I am an officer or director of the corporation 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 of this report as an officer or director with an address.

SIGNATURE: **George R. Hollingsworth, II** **3/9/95** **407-862-9560**
SIGNATURE AND WALD PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Phone #)