

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 29 1998 8:00am

Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # K15136 (0)

1. Corporation Name
M & G LEASING CO.

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 21 499 N. ST. RD. \$\$\$	2a. Mailing Address 26 499 N. ST. RD. 434
Suite, Apt. #, etc. 22 SUITE 2179	Suite, Apt. #, etc. 27 SUITE 2179
City & State 23 ALTAMONTE SPRINGS	City & State 28 ALTAMONTE SPRINGS
Zip Country 24 32714 US	Zip Country 29 32714 US

3. Date Incorporated or Qualified 02/08/1988	4. FEI Number 59-2872449
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 HOLLINGSWORTH, GEORGE R., II
82 Street Address (P.O. Box Number Is Not Acceptable) 499 N. ST. RD. 434
83 SUITE 2179
84 City ALTAMONTE SPRINGS
85 Zip Code FL 32714

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLLINGSWORTH, GEORGE, II 499 STATE ROAD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, B. J. 499 ST ROAD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARNER, J.M. 499 ST ROAD 434, #2179 ALTAMONTE SPRINGS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 499 N. ST. RD. 434, SUITE 2179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GEORGE R. HOLLINGSWORTH, II

1/28/98 (407) 862-9560

CR2E034 (10/97)