

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Landra B. Morahan  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 11 11 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K30081** (9)

**MCCRAY LEASING, INC.**

(Do not write in this space)

Principal Place of Business: **149 ST. ANDREWS SOUTH  
P.O. BOX 6571  
JACKSONVILLE FL 32236**

Mailing Address: **149 ST. ANDREWS SOUTH  
P.O. BOX 6571  
JACKSONVILLE FL 32236**

2. Date of Incorporation or Qualification: <b>07/26/1988</b>		3a. Date of Last Report: <b>05/01/1994</b>	
21. Filing State: <b>FL</b>		4. FIC Number: <b>59-2898858</b>	
22. State App # 01		5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		6. Election Campaign Financing: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. City		7. Has Corporation this entity been organized for foreign or interstate Florida business: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>AKEL, EDWARD C. 2301 INDEPENDENT SQ 1 INDEPENDENT DR JACKSONVILLE FL 32202</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	<b>FL</b>
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.0002 and 607.1408, 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 Sections 607.0045, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY	
1401	PS MCCRAY, MARY 10381 ALLENE RD JACKSONVILLE FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1402		2. NAME	
1403		3. STREET ADDRESS	
1404		4. CITY & STATE	
1405		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1406		6. NAME	
1407		7. STREET ADDRESS	
1408		8. CITY & STATE	
1409		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1410		10. NAME	
1411		11. STREET ADDRESS	
1412		12. CITY & STATE	
1413		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1414		14. NAME	
1415		15. STREET ADDRESS	
1416		16. CITY & STATE	
1417		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1418		18. NAME	
1419		19. STREET ADDRESS	
1420		20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that, not equally for the corporation stated in Section 119.02, Florida Statutes, I further certify that the information included 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 in the city that I am an officer or director of the corporation or the recipient of liability imposed to come into the report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 of this filing as an authorized agent with an address.

SIGNATURE: *Mary McCray* MCCRAY, MARY McCray 5795 781-8768