

**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

95 JAN 23 AM 9:15

DOCUMENT # **S22462** (3)

1. Corporation Name  
**TURTLE LEASING, INC.**

Principal Place of Business Mailing Address  
**PO BOX 198 PINELLAS PARK FL 34664-0198**  
**12570 66th Street N Largo, FL 34643**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2b. Mailing Address  
21 **12570 66th Street N** 26  
Suite, Apt. #, etc. 27  
22 City & State 27 City & State  
23 **Largo, FL** 28  
Zip Country Zip Country  
24 **34643** 25 **US** 29 30

3. Date Incorporated or Qualified **01/03/1991** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **04-2591023** 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  
**ANDO, CARMEN S.**  
**12570 66TH STREET, NORTH**  
**UNIT 1**  
**LARGO FL 34643**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |
|----------------|------------------------|
| TITLE          | DP                     |
| NAME           | ANDO, CARMEN           |
| STREET ADDRESS | 3697-42ND WAY SO #60A  |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |
| TITLE          | S                      |
| NAME           | ANDO, DAVID G.         |
| STREET ADDRESS | 6412-93RD TER NO #4803 |
| CITY-ST-ZIP    | PINELLAS PARK FL       |
| TITLE          | T                      |
| NAME           | ANDO, THOMAS G.        |
| STREET ADDRESS | 3715-42ND WAY SO. #61J |
| CITY-ST-ZIP    | ST. PETERSBURG FL      |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |
| TITLE          |                        |
| NAME           |                        |
| STREET ADDRESS |                        |
| CITY-ST-ZIP    |                        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 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(3)(b), 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: David G. Ando **DAVID G. ANDO** 1-13-95 813 531 4417  
Signature and typed or printed name of signing officer or director Date Daytime Phone #