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 AND FILED
95 APR 28 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **311486** **(5)**

1. Corporation Name
COMMERCIAL LEASING AND MANAGEMENT CO.

Principal Place of Business	Mailing Address
500 SOUTH THIRD ST. JACKSONVILLE BCH. FL 32250	500 SOUTH THIRD ST. JACKSONVILLE BCH. FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/01/1966**
3a. Date of Last Report: **04/29/1994**

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)

4. FEI Number: **59-1198917** ☐ 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

FENNEL, ROBERT F.
500 SOUTH THIRD ST.
JACKSONVILLE BCH.,F L. FL 32250

10. Name and Address of New Registered Agent

81 Name: Betty T. Fennel
82 Street Address (P.O. Box Number is Not Acceptable): 500 South Third Street
83
84 City: Jacksonville Beach **FL** 85 Zip Code: 32250

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: X Betty T. Fennel 4/ /95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FENNEL, ROBERT F.	1.2 NAME	Betty T. Fennel	
STREET ADDRESS	500 SOUTH THIRD ST.	1.3 STREET ADDRESS	500 South Third Street	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	STEFANSEN, PAMELA S.	2.2 NAME		
STREET ADDRESS	500 SOUTH THIRD ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH.,F L.	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: X Betty T. Fennel 4/26/95 (904)249-0407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Betty T. Fennel

0004847 CP