

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 412358

(4)

1. Corporation Name

KENYON LEASING, INC.



Principal Place of Business

19400 U.S. 19 NORTH
CLEARWATER FL 34624-6016

Mailing Address

P. O. BOX 4580
CLEARWATER FL 34618
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KENYON, BRADLEY
19400 U.S. 19 NORTH
CLEARWATER FL 34624

3. Date Incorporated or Qualified

11/08/1972

3a. Date of Last Report

03/07/1995

4. FEI Number

59-1454538

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

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

Signature typed on this form or on a separate sheet attached to this form.

Signature of Agent/Secretary or other officer, when applicable.

Date

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
KENYON, ROGER
STREET ADDRESS
19400 US 19 NORTH
CITY-STATE-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
KENYON, JANE
STREET ADDRESS
19400 US 19 NORTH
CITY-STATE-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
KENYON, BRADLEY
STREET ADDRESS
19400 US 19 NORTH
CITY-STATE-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
~~MARK CARLSON~~
STREET ADDRESS
~~19400 US HWY 19 N~~
CITY-STATE-ZIP
~~CLEARWATER, FL~~

TITLE ☐ DELETE

NAME
~~MARK CARLSON~~
STREET ADDRESS
~~19400 US HWY 19 N~~
CITY-STATE-ZIP
~~CLEARWATER, FL~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change ☒ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

14. I 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

813-539-7444

DATE

DATE OF FILING

CR2E034 (12/95)