

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

CORPORATION
ANNUAL REPORT

1995



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

APPROVED
AND
FILED

50 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 427039

(3)

1. Corporation Name:

PRECISION LEASING, INC.

Principal Place of Business:

4636 N. DALE MABRY
TAMPA FL 33614
US

Mailing Address:

4636 N. DALE MABRY
TAMPA FL 33614
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1973

3a. Date of Last Report
05/01/1994

4. FEI Number
59-1535388

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. 196.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business:

2a. Mailing Address:

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTSON, RONALD B
4636 N. DALE MABRY
TAMPA FL 33614

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of the terms of Chapter 447, 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 provisions of Section 447.05(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent required when in office)

(Signature of Registered Agent required when in office)

(Date)

12. OFFICERS AND DIRECTORS:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

NAME	C
NAME	MORSANI, FRANK L
STREET ADDRESS	4636 N. DALE MABRY
CITY & STATE	TAMPA FL
NAME	S
NAME	SCOTSON, RONALD B
STREET ADDRESS	4636 N. DALE MABRY
CITY & STATE	TAMPA FL
NAME	AS
NAME	HIGBEE, ALAN
STREET ADDRESS	501 E. KENNEDY #1700
CITY & STATE	TAMPA FL
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
NAME	
STREET ADDRESS	
CITY & STATE	

1. NAME		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY & STATE		
5. NAME		☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY & STATE		
9. NAME		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY & STATE		
13. NAME		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY & STATE		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 196.032(1)(b), Florida Statutes. I further certify that the information included in 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 liquidator empowered to execute this report as required by Chapter 447, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD B. SCOTSON

5/1/95 (813) 873 0003