## 3. Date incorporated or Qualifed Aprilled For

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCÜMENT           | # | F1 | 481 | 9 |
|--------------------|---|----|-----|---|
| 1 Corporation Name |   |    | TO  | , |

TAMPA LEASING, INC.

Principal Place of Business

2. Principal Place of Business

574 LITTLEJOHN ROAD INVERNESS FL 34450

Mailing Address

1717 EAST FOWLER AVENUE

TAMPA FL 33612

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

01/14/1981 4. FEI Number

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90219 048 \*\*\*150.00

| Suite  | 21           |  | 26                                 |                | 59-2120437         | No   | t Applicable      |                 |
|--|--------------|--|------------------------------------|----------------|--------------------|--|-------------------|-----------------|
| 22   |              | #, etc.  |                                    |                |                    | \$8.75 A   | ditional          |                 |
| COY & State   City & State   28  | 22           |  | 27                                 |                |                    | 5. Certificate of Status Desired                     | Fee Re            | cuired          |
| 29   Couring   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Z   |              | e  | <del></del>                        |                |                    | 6. Election Campaign Financing                       | \$5.00            | - ———<br>Mav Be |
| Zip Courly Zip Country Zip Country B, 8. This cryporation owes the current vear interplate 24   28   30   90   91   91   91   92   91   92   91   92   91   92   91   92   91   92   92  | 23           |  | 28                                 |                |                    |  | •                 |                 |
| 25   26   30   30   Personal Property Tax.   Ves   No  |              | Country  | Zip                                | Countr         | y                  | 8. This corporation owes the current year            | ntangible         |                 |
| Solution    | 24           | 25   | 29                                 | 30             |                    | · ·  |                   | [∃No            |
| COUCH, THEODORE J 1717 EAST FOWLER AVENUE TAMPA FL 33612  182 Street Ac dross (P.O. Box Number is Not Acceptable)  183 Street Ac dross (P.O. Box Number is Not Acceptable)  184 City  FL 85 Zip Cride  185 Zip Cride  186 City  FL 85 Zip Cride  187 Zip Cride  188 Zip Cride  20 Zip Cride  21 Zip Cride  21 Zip Cride  21 Zip Cride  21 Zip Cride  22 Zip Cride  23 Zip Cride  24 Zip Cride  25 Zip Cride  25 Zip Cride  26 Zip Cride  27 Zip Cride  27 Zip Cride  28 Zip Cride  28 Zip Cride  29 Zip Cride  29 Zip Cride  20 Zip Crid |              | 9. Name and Address of Current                         | Registered Agent                   |                |                    | 10. Name and Address of New Registere                | d Agent           |                 |
| 17-17 EAST FOWLER AVENUE TAMPA FL 33612  183  184 City  FL 85 Zip Cite  11. Pursus 1 to the provisions of Sections 607 0502 and 607 1508. Florida Status es, the advanced corporation submits this statement for the purpose of changing its rigistered agent, or both, in the State of Florida. Such change was ruthorized by the corporation's board of circetors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607 0505. Fix disa Statutes.  SIGNATURE  SIGNATUR |              |  | ·                                  | 8              | Name               |  |                   |                 |
| TAMPA FL 33612  14. City  FL 85 Zip Cide  14. City  FL 85 Zip Cide  14. City  FL 85 Zip Cide  15. Pursus it to the provisions of Sections 807.0502 and 607.1508. Floridal Status es, the above-named corporation submits this statement for the purpose of changing its rigistered agent. an familiar with, and accept the obligations of, Section 607.6055. Floridal Status es, the above-named corporation submits this statement for the purpose of changing its rigistered agent. an familiar with, and accept the obligations of, Section 607.6055. Floridal Status es.  SIGNATURE  Significant form of printed din in an inspititude dipin of section 607.6055. Floridal Status es.  SIGNATURE  Significant form of printed din in an inspititude dipin of section 607.6055. Floridal Status es.  SIGNATURE  Significant form of printed din in an inspititude dipin of section 607.6055. Floridal Status es.  SIGNATURE  Significant form of printed din in an inspititude dipin of section 607.6055. Floridal Status es.  SIGNATURE  Significant form of sections of sections 607.6056. Floridal Status es. the above-named corporation submits this statement for the purpose of changing its rigistered agent of circetors. I hereby accept the approximant as registered agent of circetors. I hereby accept the approximant as registered agent of circetors. I hereby accept the approximant as registered agent of circetors. I hereby accept the approximant as registered agent of circetors. I hereby accept the approximant as registered agent of circetors. I hereby accept the approximant as registered agent agent and accept the objectors of circetors. I hereby accept the approximant as registered agent and accept the objectors of circetors. I hereby accept the approximant as registered agent and accept the objectors of circetors. I hereby accept the approximant as registered agent and accept the objectors of circetors. I hereby accept the approximant as registered agent and accept the objectors of circetors. I hereby accept the approximant as registered agent and accept th |              |  |                                    | 8.             | Street Ac          | dress (P.O. Box Number is Not Acceptable)            |                   |                 |
| 11. Pursus at to the provisions of Sections 607.0502 and 607.1508, Florida Statu es, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or Florida. Such change was suthorized by the corporation's board of circetors. I hereby accept the appointment as registered office or registered registered by the corporation's board of circetors. I hereby accept the appointment as registered office or registered registered by the corporation's board of circetors. I hereby accept the appointment as registered office or registered with, and accept the obligations of, Section 607.0505, Ficrida Statutes.  SIGNATURE  12.   | 1717         | FEAST FOWLER AVENUE                                    |                                    | "              | - Ollect rick      | areas (r.e. box rathbor is not recopiation)          |                   | _               |
| The provisions of Sections 607,0502 and 607,1508, Florida Statuses, the above-named corporation submiss this statement for the purposes of changing its rigistered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Statuses.  SIGNATURE  SIGNATURE  12.  | TAM          | PA FL 33612  |                                    | 8:             | 3                  |  |                   |                 |
| The provisions of Sections 607,0502 and 607,1508, Florida Statuses, the above-named corporation submiss this statement for the purposes of changing its rigistered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, or both, in the State or Florida, Statuses.  SIGNATURE  SIGNATURE  12.  |              |  |                                    | _              | 1 0                |  | er Za C           |                 |
| 11. Pursua it to the provisions of Sections 607 0500; and 607 1508. Findfas Statu is, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State or Florida. Statutes is the comporation of the comporation of the purpose of changing its registered agent in an itemitial with, and accept the obligations of, Section 607 0505. Fix rida Statutes.    SIGNATURE   Superior of printed on in or impatered agent in the initial statutes in an itemitial with, and accept the obligations of, Section 607 0505. Fix rida Statutes.   SIGNATURE   Superior of printed on in or impatered agent in the initial statutes in an itemitial with, and accept the obligations of, Section 607 0505. Fix rida Statutes.   SIGNATURE   Superior of printed on in or impatered agent in the initial statutes in an itemitial statutes.   SIGNATURE   Superior of printed on in or impatered agent in the initial statutes in an itemitial statutes.   Superior of printed on in or impatered agent in the initial statutes in an itemitial statutes in the composition of the purpose of changing its opisition of the composition o   |              |  |                                    | 84             | City               | 두  | L BS ZIP          | oue             |
| office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirector's. In ereby accept the applicationent as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirector's. In ereby accept the application and registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of cirector's. In ereby accept the application agents agents were reinstancy.    12.   | 11. Pursuant | to the provisions of Sections 607.0502                 | and 607.1508, Florida Statu e      | es, the above  | re-named cor       | rporation submits this statement for the purpose     | of changing its   | registered      |
| SIGNATURE  12.   | office or r  | egistered agent, or both, in the State of              | ાં Florida. Such change was સા     | ithorized by   | y the corporat     | tion's board of cirectors. I hereby accept the app   | ointment as req   | gistered        |
| 12   | •            | т тапшаг witti, and accept the obligat                 | ezas di, socilui ouz.dsda, Flor    | ioa olalule    | J.                 |  |                   |                 |
| 12.  | SIGNATURE    | Signature, byted or printed dat te of registered agent | and title if applicable. (NOTI :   | Registered Age | ent signature requ | red when reinstating) DATE                           |                   |                 |
| NAME   CROWDER, WILLIAM C   12 NAME   CROWDER, WILLIAM C   13 STREET ADDRESS   TAMPA, FL 33612   TAM   | 12.          |  | - <del></del>                      | <u>-</u>       |                    |  | ND DIRECTO        | F\$ IN 12       |
| STREET ADDRESS   1717   E FOWLER AVE   TAMPA, FL 33612   Change   Addition    | TITLE        | SD   | ☐ DELETE                           | 1.1 TITLE      |                    | VP   | ☐ Change          | X Addition      |
| STREET ADDRESS   1717   E FOWLER AVE   TAMPA, FL 33612   Change   Addition    |              |  |                                    | 1.2 NAME       |                    |  |                   |                 |
| TAMPA, FL 33612  |              | ,  |                                    | 13 STRE        | <b>_</b>           | •  |                   |                 |
| TILE   |              |  |                                    |                | <b>_</b>           |  |                   |                 |
| NAME   CROWDER, WILLIAM C.   22 NAME   23 STREET ADDRESS   |              | T  | DELETE                             |                |                    | 1 Alti A , 1 L J J J J Z                             | Change            | Addition        |
| 1717 E FOWLER AVE  |              | CROWNER WILLIAM C                                      |                                    | 22 NAME        |                    |  |                   |                 |
| TAMPA, FL 33612   2,4 CITY-ST-ZIP  |              |  |                                    |                |                    |  |                   |                 |
| TITLE DP DELETE 31 TITLE 3.2 MAME  COUCH, THEODORE J 3.2 NAME  STREET ADDRESS 1717 E FOWLER AVE 3.3 STREET ADDRESS 1.717 E FOWLER AVE 3.3 STREET ADDRESS 1.717 E FOWLER AVE 3.4 CITY-ST-ZIP  TITLE VP DELETE 4.1 TITLE COUCH, RICHARD M. 4.2 NAME  STREET ADDRESS 1.717 E FOWLER AVE 4.3 STREET ADDRESS 1.717 E FOWLER AVE 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE 5.2 NAME  STREET ADDRESS 1.71 Change Addition of the country of the cou |              |  |                                    |                |                    |  |                   |                 |
| NAME COUCH, THEODORE J STREET ADDRESS 1717 E FOWLER AVE 3.3 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 3.4 CITY-ST-ZIP TITLE VP NAME COUCH, RICHARD M. STREET ADDRESS 1717 E FOWLER AVE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TAMPA FL 10 DELETE 1.5 I TITLE 1.5 STREET ADDRESS CITY-ST-ZIP TITLE 1.5 STREET ADDRESS CITY-ST-ZIP TITLE 1.5 STREET ADDRESS CITY-ST-ZIP TITLE 1.5 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE 1.5 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition Change Addition Addi |              |  | ☐ DELETE                           |                | <u> </u>           |  | Change            | Addition        |
| STREET ADDRESS   1717   E FOWLER AVE   |              | COUCH THEODORE J                                       |                                    | 3,2 NAME       |                    |  |                   |                 |
| TAMPA, FL 33612   3.4. CITY-ST-ZIP   TAMPA, FL 33612   3.4. CITY-ST-ZIP   COUCH, RICHARD M.   DELETE   4.1 TITLE   COUCH, RICHARD M.   4.2 NAME   STREET ADDRESS   TAMPA FL   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   Change   Addition of the council of th   | _            | * * * · · · · · · · · · · · · · · · ·                  |                                    | 3.3 STREE      | ET ADDRESS         |  |                   |                 |
| TITLE VP DELETE 4.1 TITLE  NAME COUCH, RICHARD M.  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  1717 E FOWLER AVE  1717 E FOWLER AVE  1718   |              | ····, = · - ··· <del>-</del> =·· =                     |                                    |                |                    |  |                   |                 |
| NAME   COUCH, RICHARD M.   4.2 NAME   4.3 STREET ADDRESS   1717 E FOWLER AVE   4.4 CITY-ST-ZIP   TAMPA FL   DELETE   5.1 TITLE   Change   Addition of the county of the    |              |  | ☐ DELETE                           |                | -                  |  | Change            | Addition        |
| 1717 E FOWLER AVE  |              | l ''   | _                                  |                | .                  |  |                   |                 |
| ## CITY-ST-ZIP  ### TAMPA FL  ### 17TLE  ### DELETE  ### 5.1 TITLE  ### 5.2 NAME  ### 5.2 NAME  ### 5.3 STREET ADDRESS  ### CITY-ST-ZIP  ### 17TLE  ### 1 DELETE  ### 6.1 TITLE  ### 1 DELETE  ### 6.3 STREET ADDRESS  #### 6.3 STREET ADDRESS  ##### 6.3 STREET ADDRESS  ##### 6.3 STREET ADDRESS  ##################################   |              |  |                                    |                |                    |  |                   |                 |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.3 STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           TITLE i         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         6.3 STREET ADDRESS         CUTY-ST-ZIP   |              |  |                                    |                | İ                  |  |                   |                 |
| NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE i         DELETE         6.1 TITLE           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY-ST-ZIP         6.4 CITY-ST-ZIP   |              | TO WARE FOUND  | ☐ DELETE                           |                |                    |  | Change            | Addition        |
| 5.3 STREET ADDRESS   |              |  |                                    |                |                    |  |                   |                 |
| CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE i         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CUTY-ST-ZIP         6.4 CITY-ST-ZIP   |              | !  |                                    | 5.3 STREE      | ET ADDRESS         |  |                   |                 |
| TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY_ST_ZIP         6.4 CITY_ST_ZIP   |              |  |                                    | 54 CITY-       | ST-ZIP             |  |                   |                 |
| NAME  5TREET ADDRESS  CUTY_ST_ZIP  6.2 NAME  6.3 STREET ADDRESS  6.4 CUTY_ST_ZIP   |              |  | DELETE                             | 6.1 TITLE      |                    |  | Change            | Addition        |
| STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY_ST_ZIP  |              |  |                                    | 6.2 NAME       |                    |  |                   |                 |
| CITY_ST-ZIP 6.4 CITY_ST-ZIP  | =            |  |                                    | 6.3 STREE      | ET ADDRESS         |  |                   |                 |
|  |              |  |                                    | 64 CITY-       | ST-ZIP             |  |                   |                 |
| The rest of this appeal appeal appeal and the initial application of the property of the prope | 14. Thereby  | I certify that the information supplied wit            | h this filing does not qualify for | the exemp      | tion stated in     | Section 119.07(3)(i), Florida Statutes. I further of | rtify that the in | nformation      |

indicated on this annual report of supplemental a final report is true and final report of supplemental a final report is true and that my signature is said 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, with all other like empowered.

SIGNATURE: Y