

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

APPROVED
AND
FILED

95 MAY -1 AM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93913** (4)

1. Corporation Name

LEASE-A-LEAF, INC.

Principal Place of Business

11723 KNIGHTS GRIFFIN RD.
THONOTOSASSA FL 33592

Mailing Address

11723 KNIGHTS GRIFFIN RD.
THONOTOSASSA FL 33592

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/10/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2212249

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. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 12427 Flint Creek Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 Lease - A-Leaf, Inc.
Suite, Apt. #, etc.

22 Thonotosassa, FL
City & State

27 12427 Flint Creek Rd.
City & State

23 33592
Zip

28 Thonotosassa, FL
Zip

24

Country

25 Hillsborough

29

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

KING, SHEILA

11723 KNIGHTS GRIFFIN RD. - 12427 Flint Creek Rd.
THONOTOSASSA FL 33592

Address Change!

Thonotosassa, FL.

33592

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 or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when mandating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME KING, SHEILA
STREET ADDRESS 11723 KNIGHTS GRIFFIN RD
CITY- ST- ZIP THONOTOSASSA, FL 00000

TITLE PSD
NAME King, Sheila
STREET ADDRESS 12427 Flint Creek Rd.
CITY- ST- ZIP Thonotosassa, FL. 33592

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(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: *Sheila King / Sheila King*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1995 813-986-4410
Date (Type Name)