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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93913

(4)

LEASE-A-LEAF, INC. Principal Place of Business Mailing Address LEASE-A-LEAF, INC. 12427 FLINT CREEK RD 12427 FLINT CREEK RD THONOTOSASSA FL 33592 DO NOT WRITE IN THIS SPACE THONSTOSASSA FL 33592 3. Date Incorporated or Qualified 08/10/1982 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 26 59-2212249 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country Zin Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KING, SHEILA 12427 FLINT CREEK ROAD 82 Street Address (P.O. Box Number is Not Acceptable) THONOTOSASSA FL 33592 63 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 (NOTF, Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ___ Addition DELETE Change 1.1 TITLE TITLE PSD NAME KING. SHEILA 1.2 NAME 11723 KNIGHTS GRIFFIN RD 1.3 STREET ADDRESS STREET ADDRESS THONOTOSASSA, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE TITLE PSD 2.2 NAME NAME KING, SHEILA 12427 FLINT CREEK ROAD STREET ADDRESS 2.3 STREET ADDRESS THONOTOSASSA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-2IP CITY-ST-ZIP ☐ DELETE Change Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-St-7(P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change ■ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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.

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FILED

Apr 22 1998 8:00am

Secretary of State