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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004997 (1)

1. Corporation Name

B&A LEASING CORPORATION

Principal Place of Business

C/O NSJ CORPORATION
5955 T.G. LEE BLVD., STE 280
ORLANDO FL 32822

Mailing Address

C/O NSJ CORPORATION
5955 T.G. LEE BLVD., STE 280
ORLANDO FL 32822-4406



3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

04/22/1996

4. FEI Number

59-3305936

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

2. Principal Place of Business

21 9025 BOBBY CREEK ROAD

2a. Mailing Address

26 9025 BOBBY CREEK ROAD

Suite, Apt. #, etc.

22 UNIT 9

Suite, Apt. #, etc.

27 UNIT 9

City & State

23 ORLANDO

City & State

Zip

24 32824

Country

25 USA

Zip

29 32824

Country

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PCDT
GILES, RICHARD C
5955 T.G. LEE BLVD., STE 280
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
THORNTON, W J
5955 T.G. LEE BLVD., STE 280
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
BIRDSALL, MICHAEL
5955 T.G. LEE BLVD., STE 280
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
THORNTON, SAMUEL J
5955 T.G. LEE BLVD., STE 280
ORLANDO FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE M. Bird

CR2E034 (9/96)