

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000005975 (6)**

1. Corporation Name

LIBERTY BELL LEASING COMPANY



Principal Place of Business

**4201 WESTOWN PKWY., #122
WEST DES MOINES IA 50266-6734**

Mailing Address

**4201 WESTOWN PKWY., #122
WEST DES MOINES IA 50266-6734**

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

42-1404846

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 of Corporation or Registered Agent, if applicable)

(Name of Registered Agent, Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CRAWFORD, WILLIAM	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY, ST, ZIP	WEST DES MOINES IA 50266-6734	
TITLE	V	☐ DELETE
NAME	LYON, DAVID	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY, ST, ZIP	WEST DES MOINES IA 50266-6734	
TITLE	DC	☐ DELETE
NAME	OLSON, RUSS	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY, ST, ZIP	WEST DES MOINES IA 50266-6734	
TITLE	MGR	☐ DELETE
NAME	CADE, ARDI	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY, ST, ZIP	WEST DES MOINES IA 50266-6734	
TITLE	CONT	☐ DELETE
NAME	MOEN, PAUL	
STREET ADDRESS	4201 WESTOWN PKWY., #122	
CITY, ST, ZIP	WEST DES MOINES IA 50266-6734	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

W Crawford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2698

DATE

Display Filing #

CR2E034 (12/95)