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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700001650 (7)

KEY FORD LEASING, INC.

Mailing Address Principal Place of Business 6397 PENSACOLA BLVD 6397 PENSACOLA BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1661602 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country Country Zio This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes ☐ No 25 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FERGUSON, MICHAEL L 4300 BAYOU BLVD, SUITES 12 & 13 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32503 83 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CP DELETE \_ Change Addition TITLE 1.3 TITLE CIANO, ANTHONY J NAME 1.2 NAME CR2E034 **4830 MANOLETE** STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32504 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3,3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I hereby certify that the information supplied with this filling 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, of an an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

1/5/98

**FILED** 

Jan 20 1998 8:00am

Secretary of State