

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

FILED

**Jan 23 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # G20981 (8)
1. Corporation Name
CENTURION LEASING CO.



Principal Place of Business Mailing Address
5912 NEW KINGS RD JACKSONVILLE FL 32209
5912 NEW KINGS RD JACKSONVILLE FL 32209-2100

3. Date Incorporated or Qualified 01/31/1983	3a. Date of Last Report 03/12/1996
4. FEI Number 59-2285425	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAFER, VICKI E.
5912 NEW KINGS ROAD
JACKSONVILLE FL 32209**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE NAME VD SHAFER, VICKI E. STREET ADDRESS 5912 NEW KINGS ROAD JACKSONVILLE FL CITY- ST- ZIP	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME PD SHAFER, HAROLD A. STREET ADDRESS 5912 NEW KINGS ROAD JACKSONVILLE FL CITY- ST- ZIP	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME D WALDROP, DANIEL STREET ADDRESS 5912 NEW KINGS ROAD JACKSONVILLE FL CITY- ST- ZIP	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: *[Signature]* **Daniel Waldrop** 1/13/97 954 7668878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

R. R. BEIDELMAN, C. P. A., P. A.
P. O. BOX 5358
1821 FARRAGUT PLACE
JACKSONVILLE, FLORIDA 32207

MEMBER
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

January 13, 1997

Centurion Leasing Company

Your kind attention is requested to handle the attached original as follows:

Form Corporation Annual report.
Due Date on or before 5-1-97
Sign & Date YES
Payee Dept. of State
Amount \$165.00
Mail Form To _____

**DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
PO BOX 1500
TALLAHASSEE FL 32302-1500**

"Copy for your files"

Very truly yours,

R. R. BEIDELMAN, C.P.A., P.A.

R. R. Beidelman

Enclosures