FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 14 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G30896** **(6)**

1. Corporation Name
AMERICANA SERVICES & LEASING CORPORATION

Principal Place of Business	Mailing Address
~~1300 W. SLIGH AVENUE~~ ~~STE B~~ ~~TAMPA FL 33604~~ US	~~1300 WEST SLIGH AVE.~~ ~~SUITE B~~ ~~TAMPA FL 33604~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1983
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business	2a. Mailing Address
21 211 SOuth Dale Mabry	26 211 SOuth Dale Mabry
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33609 Country 25 USA	Zip 29 33609 Country 30 USA

4. FEI Number: 59-2281587 ☐ 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
~~GUIDA, ANGELO~~ ~~1300 W. SLIGH AVENUE~~ ~~SUITE B~~ ~~TAMPA FL 33604~~	81 Name: Michael D. LaBarbera 82 Street Address (P.O. Box Number is Not Acceptable): 1907 West Kennedy Blvd. 83 84 City: Tampa FL 85 Zip Code: 33606

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 X [signature] X 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPV	1.1 TITLE		☒ Change ☐ Addition
NAME	MURPHY, JAMES J.	1.2 NAME		
STREET ADDRESS	~~1300 W. SLIGH AVENUE, STE B~~	1.3 STREET ADDRESS	211 South Dale Mabry	
CITY-ST-ZIP	~~TAMPA FL~~	1.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE	DST	2.1 TITLE		☒ Change ☐ Addition
NAME	MURPHY, LINDA	2.2 NAME		
STREET ADDRESS	~~1300 W. SLIGH AVENUE STE B~~	2.3 STREET ADDRESS	211 SOuth Dale Mabry	
CITY-ST-ZIP	~~TAMPA FL~~	2.4 CITY-ST-ZIP	Tampa, FL 33609	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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] James J. Murphy, Pres., 3-25-95, 813-875-0810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0980788 CP