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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997		Secretary of State DIVISION OF CORPORATIONS				INS	Secretary of State			
DOCUMENT # G42833 (5) RJ LEASING, INC.								A HERHIM BEN EINE MEREN IENER HALLE AM	1111 (1111)		318 11 1181
Principal Place of Business 880 CARILLON PARKWAY. PO BOX 12749 ST. PETERSBURG FL 33733-2749			Mailing Address 880 CARILLON PARKWAY. PO BOX 12749 ST. PETERSBURG FL 33733-2749								
								3. Date Incorporated or Qualified 06/09/1983		ate of Last F 01/1996	Report
Principal Place of Business 21			2a. Mailing Address 26				_	4. FEI Number 59-2297077		}i	pplied For ot Applicable
Suite, Apt. #, etc. 2			Suite, Apt. #, etc. 27					5. Certificate of Status Desired		•	Additional equired
City & State			City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 24]	25 29 30				Count	ry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes FILED BY SARIENTO COMPANY			
Name and Address of Current Registered Agent								10. Name and Address of New R	egistered	Agent	
	ECKI, PAUL				8	1	Name				
% RAYMOND JAMES FINANCIAL INC						2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
880 CARILLON PKWY						_	·				
ŞI P	etersburg f	L 33/16			8:	3					
						4	City			85 Ζιρ	Code
11 Dura vant	to the provisions	of Sections 607 0503	and 607 1600 FI	asida Ctatulas	the elec-				<u>FL</u>	<u> </u>	
office or r	registered agent,	or both, in the State of	rand 607, 1508, FI of Florida. Such ch	orida Statutes lange was au	i, ine abo thorized t	by	named corp the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose o	it changing it pointment as	ts registered registered
agent + a	rn familiar with, a	nd accept the obligat	tions of, Section 6	07.0505, Flori	da Statut	es.		•			-
SIGNATURE	Sabable Secondore	rited hame of registered agent	l and title if annicable	INOTE: 6	Ranistered A		y eignaliya ramilra	ad when reinstating)	DATE		
12.		OFFICERS AND		(1012	13.	- SI	tt organization i organization	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
THE	DP			DELETE	1.1 TITLE	=	<u> </u>	8-44-7-48-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-		Change	Addition
NAME	MOSEY, J DA				1.2 NAME	E					
STREEL ADDRESS	880 CARILLO	n Pkwy			1.3 STREI	ET A	ADDRESS				
CITY-\$1-ZiP	st. Petersb	urg fl			1.4 OTY-	- 51	-ZIP				
THILE	DV			DELETE	2.1 TITLE					Change	Addilion
NAME	MCDONALD,	JOHN M		:	2.2 NAME	E					
STREET ADDRESS	880 CARILLO	n PKWY.			2.3 STREE	ET A	ADDRESS				
CITY - ST - ZIP	ST. PETE. FL				2. 4 CITY	′- ST	r-zip				
101cE	ST			DELETE	3.1 TITLE					Change	Addition
NAME	KLEINRICHER				3.2 NAME	E					
STREET ADDRESS	880 CARILLO				3.3 STREE	ET A	ADDRESS				
CITY - ST - 71P	st petersbl	JRG FL			3.4. CITY	· ST	- ZiP				
THLE	AS	45.4		DELETE	4.1 TITLE					Change	Addition
NAME	PALSHA, GRA				4. 2 NAM	ΙE					
STREET ADDRESS	880 CARILLO				4.3 STREE	ET A	ADDRESS .				
CiTY-SI-ZiF	ST. PETERSB	ung fl			4.4 CITY-		- ZIP				
TITLE			U	DELETE	5.1 TITLE					☐ Change	Addition
NAMi					5.2 NAME						
STREET ADDRESS					5.3 ŞTRE						
CITY-ST-ZiP				DECETE	5.4 CITY		· ZIP			TT	
TITLE			ليا	DELETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADORESS					6.3 STREE	ET A	ADDRESS				

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 Lam 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:

813-573-3800 Daytime Phone #

FILED

Apr 21 1997 8:00am