

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

FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G44182** (5)

1. Corporation Name  
**ROSS LEASING, INC.**

Principal Place of Business  
**2650 ENTERPRISE ROAD  
CLEARWATER FL 34623**

Mailing Address  
**2650 ENTERPRISE ROAD  
CLEARWATER FL 34623-1105**



3. Date Incorporated or Qualified **06/14/1983** 3a. Date of Last Report **03/29/1996**

2. Principal Place of Business  
21 **1001 S. Myrtle Avenue**

2a. Mailing Address  
26 **1001 S. Myrtle Avenue**

4. FEI Number **59-2300812** Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **Suite 7**

Suite, Apt. #, etc.  
27 **Suite 7**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **Clearwater, FL**

City & State  
28 **Clearwater, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
24 **34616** 25 **USA**

Zip Country  
29 **34616** 30 **USA**

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

**PAGE, JOHN C.  
2650 ENTERPRISE ROAD  
CLEARWATER FL 34623**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1001 S. Myrtle Avenue**  
83 **Suite 7**  
84 City **Clearwater** **FL** 85 Zip Code **34616**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                             |  |
|-----------------|-----------------------------|--|
| TITLE           | <b>DPST</b>                 | <input type="checkbox"/> DELETE            |
| NAME            | <b>PAGE, JOHN</b>           |  |
| STREET ADDRESS  | <b>2650 ENTERPRISE ROAD</b> |  |
| CITY - ST - ZIP | <b>CLEARWATER FL</b>        |  |
| TITLE           | <b>V</b>                    | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>HOOPES, RAYMOND T.</b>   |  |
| STREET ADDRESS  | <b>2650 ENTERPRISE ROAD</b> |  |
| CITY - ST - ZIP | <b>CLEARWATER FL</b>        |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |
| TITLE           |                             | <input type="checkbox"/> DELETE            |
| NAME            |                             |  |
| STREET ADDRESS  |                             |  |
| CITY - ST - ZIP |                             |  |

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  | <b>1001 S. Myrtle Avenue Suite 7</b>   |
| 1.4 CITY - ST - ZIP | <b>Clearwater, FL 34616</b>  |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this form 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Page 3/21/97 813-443-3444

Date Daytime Phone #

CR2E034 (9/96)