

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****DOCUMENT # G81035 (9)**

1. Corporation Name

CENTRAL STATE LEASING, INC.

Principal Place of Business

**1200 WEST MEMORIAL BOULEVARD
P. O. BOX 1728
LAKELAND FL 33802**

Mailing Address

**1200 WEST MEMORIAL BOULEVARD
P. O. BOX 1728
LAKELAND FL 33802**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/26/19843a. Date of Last Report
04/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

4. FEI Number

59-2367477

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

**BOLIN, WILBUR J.
1200 W MEMORIAL BLVD.
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

(Date, Registered Agent signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP**DPV
SLOMAN, ERIC P
814 LAKE HOLLINGSWORTH DR
LAKELAND FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**DS
SLOMAN, IHLA P
814 LAKE HOLLINGSWORTH DR
LAKELAND FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**DT
BOLIN, WILBUR J.
11631 LAKE LOUISA RD
CLERMONT FL**TITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIPTITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP☐ Change ☐ Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP☐ Change ☐ Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP☐ Change ☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP☐ Change ☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP☐ Change ☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP☐ Change ☐ Addition

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 110.07(3)(b), 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 prosecute 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:

WILBUR J. BOLIN**4/9/95****813-688-5481**

TYPED OR PRINTED NAME OF BRINING OFFICER OR DIRECTOR

Date

Telephone Number