

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J11787 (5)

1. Corporation Name

C & P LEASING OF CLEARWATER, INC.



Principal Place of Business

606 BAY ESPLANADE
CLEARWATER BEACH FL 34630

Mailing Address

227 DOCKHAM SHORE RD.
GILFORD NH 03246
US

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

04/11/1995

4. FEI Number

59-2668003

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

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

HILLEBOE, CHARLES R., ESQ.
2725 PARK DRIVE
CLEARWATER FL 33575

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 607.01(2) and 607.1506, 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 607.06(6), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this report

Signature of the person who is authorized to execute this report

Signature of the person who is authorized to execute this report

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY, ST, ZIP	4. CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE	5. TITLE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY, ST, ZIP	8. CITY, ST, ZIP ☐ Change ☐ Addition
9. TITLE	9. TITLE
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP ☐ Change ☐ Addition
13. TITLE	13. TITLE
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY, ST, ZIP	16. CITY, ST, ZIP ☐ Change ☐ Addition
17. TITLE	17. TITLE
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY, ST, ZIP	20. CITY, ST, ZIP ☐ Change ☐ Addition

STD
COTT, WILLIAM M., III
227 DOCKHAM SHORE RD.
GILFORD NH
VD
POLONCHEK, JOHN
227 DOCKHAM SHORE RD.
GILFORD NH
PD
COTT, WILLIAM M.
227 DOCKHAM SHORE RD.
GILFORD NH

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1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP ☐ Change ☐ Addition
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP ☐ Change ☐ Addition
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP ☐ Change ☐ Addition
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP ☐ Change ☐ Addition
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William M. Cott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Cott

5 FEB '96 603-293-7985

CR2E034 (12/95)