

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J12116 (6)
1. Corporation Name
COBRA LEASING, INC.

700001478517
-05/08/95--01033--018
****200.00 ****200.00

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4317 Gandy Blvd.		26 4317 Gandy Blvd.		05/01/86		05/25/94	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number		Applied For	
22 Suite 108		27 Suite 108		59-2668682		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Tampa, Florida		28 Tampa, Florida		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33611		25 Hillsborough		29 33611		30 Hillsborough	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Michael E. Cochran, Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 1172 Brewaeil Street
83
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

Michael E. Cochran, Esq.

Michael E. Cochran

4/25/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	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 ☒ Addition
President	T.M. Weston	4317 Gandy 707 N. Himes Ave.	Tampa, FL 33609	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐ Change ☒ Addition
Secretary	Cliff Kelly	4909 P. Igram's Passway	Tampa, FL 33611	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐ Change ☒ Addition
Treasurer	Cliff Kelly	4909 P. Igram's Passway	Tampa, FL 33611	
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐ Change ☐ Addition
61 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 119.07(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 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

Cliff Kelly

4-24-95

Signature of Officer or Director

Cliff Kelly