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

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SIGNATURE:

Apr 02 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (4)J53872 J & J LEASING CO. OF ENGLEWOOD, INC. Principal Place of Business Mailing Address % JOHN L. LEECH % JOHN L. LEECH 23 GOLFVIEW DR 23 GOLFVIEW DR DO NOT WRITE IN THIS SPACE **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 3. Date Incorporated or Qualified 01/28/1987 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2748903 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEECH, JOHN L. 23 GULFVIEW DR. 82 Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD FL 33533 83 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATÉ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change NAME LEECH, JOHN L. 1.2 NAME 23 GOLFVIEW DR STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE 2.1 TITLE NAME DEAN, JAMES L. 22 NAME STREET ADDRESS 4872 WATERBRIDGE DOWN 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY - \$1 - ZIP TITLE DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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 of trustee encowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or organ attachment with an address.

SOHN L. LEECH

**FILED**