

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90003 009 ***550.00

DOCUMENT # K20669

1. Corporation Name

GULF FLORIDA LEASING CORPORATION

Principal Place of Business

0425 N. FLORIDA AVE.
TAMPA FL 33604
US

Mailing Address

0425 N. FLORIDA AVE.
TAMPA FL 33604
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1988

4. FEI Number

59-2920272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3242 Henderson Blvd.

2a. Mailing Address

26 3242 Henderson Blvd.

Suite, Apt. #, etc.

22 Suite 300

Suite, Apt. #, etc.

27 Suite 300

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33609

Country

25 USA

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

MCCOY, ROBERT L.
8425 N. FLORID AVE.
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name
Lawrence E. Mills

82 Street Address (P.O. Box Number is Not Acceptable)
3242 Henderson Blvd.

83 Suite 300

84 City
Tampa

FL

85 Zip Code
33609

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

Lawrence E. Mills

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MCCOY, ROBERT L.
STREET ADDRESS 8425 N. FLORIDA AVE.
CITY-ST-ZIP TAMPA FL

TITLE D ☒ DELETE
NAME GUAGLIARDO, SALVATORE
STREET ADDRESS 8425 N. FLORIDA AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director and President ☒ Change ☐ Addition
1.2 NAME Lawrence E. Mills
1.3 STREET ADDRESS 3242 Henderson Blvd., #300
1.4 CITY-ST-ZIP Tampa, FL 33609

2.1 TITLE Director and Secretary ☒ Change ☐ Addition
2.2 NAME Jean R. Mills
2.3 STREET ADDRESS 3242 Henderson Blvd., #300
2.4 CITY-ST-ZIP Tampa, FL 33609

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

Lawrence E. Mills

(Signature, typed or printed name of signing officer or director)

4/16/99

Date

(813) 876-5869

Daytime Phone #

CR2E034 (1/98)