FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 APR 25 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K30539** **(6)**

1. Corporation Name
TYRONE LEASING, INC.

Principal Place of Business	Mailing Address
% JEFFREY P. COLEMAN 1054 KAPP DR CLEARWATER FL 34625 US	% JEFFREY P. COLEMAN 613 S MYRTLE AVE CLEARWATER FL 34616-5615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/01/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-2904577 ☐ 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

GEORGE, FRANK M. JR.
1054 KAPP DR.
CLEARWATER FL 34625

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	KIRBY, DONALD R JR.	12 NAME	
STREET ADDRESS	55 ROGERS ST #105	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MENZEL, DR. MARION B.	22 NAME	
STREET ADDRESS	672 POINSETTIA RD #79	23 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, LAWRENCE W.	32 NAME	
STREET ADDRESS	1054 KAPP DR.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TEAGUE, DAVID	42 NAME	
STREET ADDRESS	408 BELLE CLAIRE	43 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	44 CITY-ST-ZIP	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	GEORGE, FRANK M. JR.	52 NAME	
STREET ADDRESS	1054 KAPP DR.	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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.

SIGNATURE: Frank M. George Jr. Pres. 4-12-95 8134421369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRANK M. GEORGE JR.

0368824 CP