

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1054 Kapp Dr.

22 City & State

27 City & State
Clearwater, FL

23 Zip

Country

28 Zip

Country

24

25

29 34625

30

Pinellas

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/01/1988

3a. Date of Last Report
04/25/1995

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

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature not required when responding)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE
NAME KIRBY, DONALD R JR.
STREET ADDRESS 55 ROGERS ST #105
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME MENZEL, DR. MARION B.
STREET ADDRESS 672 POINSETTIA RD #79
CITY-ST-ZIP BELLEAIR FL

TITLE DST ☐ DELETE
NAME ROBINSON, LAWRENCE W.
STREET ADDRESS 1054 KAPP DR.
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME TEAGUE, DAVID
STREET ADDRESS 408 BELLE CLAIRE
CITY-ST-ZIP TEMPLE TERRACE FL

TITLE DP ☐ DELETE
NAME GEORGE, FRANK M. JR.
STREET ADDRESS 1054 KAPP DR.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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)(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: *Lawrence Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

813-442-1369
Daytime Phone #

CR2E034 (12/95)