

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: **JEFFREY P. COLEMAN**
1054 KAPP DR
CLEARWATER FL 34625
US

Mailing Address: **JEFFREY P. COLEMAN**
613 S MYRTLE AVE
CLEARWATER FL 34616-5615

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

2. Principal Place of Business: **21** 2a. Mailing Address: **26** **1054 Kapp Dr.**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** **Clearwater, FL**

Zip: **24** **34625** Country: **25** Zip: **29** **Pinellas** Country: **30**

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:

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 _____

B4 City: _____ **B5** Zip Code: **FL**

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 reporting) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	KIRBY, DONALD R JR. 55 ROGERS ST #105 CLEARWATER FL	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	MENZEL, DR. MARION B. 672 POINSETTIA RD #79 BELLEAIR FL	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST	ROBINSON, LAWRENCE W. 1054 KAPP DR. CLEARWATER FL	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	TEAGUE, DAVID 408 BELLE CLAIRE TEMPLE TERRACE FL	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP	GEORGE, FRANK M. JR. 1054 KAPP DR. CLEARWATER FL	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	_____	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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* 3/20/94 813-442-1369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)