

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 APR -4 PM 6:54

DOCUMENT # **K38875** (6)

1. Corporation Name  
**POWER LEASE, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**% STEPHEN R. THORNTON**  
**P.O. BOX 69, U.S. HWY 17, SOUTH**  
**EAGLE LAKE FL 33839-7068**

3. Date Incorporated or Qualified **10/13/1988** 3a. Date of Last Report **07/05/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2917744** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THORNTON, STEPHEN R.**  
**THORNTON & CO.**  
**U.S. HWY 17, SO.**  
**EAGLE LAKE FL 33839**

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                               |
|-----------------|-------------------------------|
| TITLE           | <b>D</b>                      |
| NAME            | <b>DEBORD, VERNON L.</b>      |
| STREET ADDRESS  | <b>7 WILLOW LAKE RD.</b>      |
| CITY - ST - ZIP | <b>COLTS NECK NJ</b>          |
| TITLE           | <b>PST</b>                    |
| NAME            | <b>THORNTON, STEPHEN R.</b>   |
| STREET ADDRESS  | <b>7129 CRYSTAL BEACH RD.</b> |
| CITY - ST - ZIP | <b>WINTER HAVEN FL</b>        |
| TITLE           | <b>D</b>                      |
| NAME            | <b>THORNTON, STEPHEN R.</b>   |
| STREET ADDRESS  | <b>7129 CRYSTAL BEACH RD.</b> |
| CITY - ST - ZIP | <b>WINTER HAVEN FL</b>        |
| TITLE           | <b>VD</b>                     |
| NAME            | <b>DEBORD, CURTIS J.</b>      |
| STREET ADDRESS  | <b>7 WILLOW LAKE DR.</b>      |
| CITY - ST - ZIP | <b>GLTS NECK N.</b>           |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |
| TITLE           |                               |
| NAME            |                               |
| STREET ADDRESS  |                               |
| CITY - ST - ZIP |                               |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 owner or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Stephen R. Thornton*  
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/95* (Date) *(PST) 534-154* (Title/Phone #)