

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

Amended

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

98 OCT 13 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 65 982

NORTHMONT Leasing Corp

Principal Place of Business:

1450 C Fuller Rd

TALLAHASSEE FL 32303

Mailing Address:

PO BOX 37308

TALLAHASSEE, FL 32315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/15/89

4. FEI Number

59-2935776

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

Dallas A. Lambert Jr

82

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

1450 C Fuller Rd

83

84

City

TALLAHASSEE

FL

Zip Code

32308

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 of President, Secretary, Treasurer, or Director)

(Signature of Registered Agent required when installing)

Date

10/13/98

12. OFFICERS AND DIRECTORS

☒ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

14. I hereby certify that the information submitted on this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information
indicated on this annual report or application could reasonably be expected to be 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13, if applicable, on an attached certificate of address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/98

850-562-0218

CR2E034 (10/97)