

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90181 025 ***158.75

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # K87509

1. Corporation Name

MARSTEN/THG MODULAR LEASING CORPORATION

Principal Place of Business

**4020 50TH STREET SOUTH
TAMPA FL 33619-3728
US**

Mailing Address

**4020 50TH STREET SOUTH
TAMPA FL 33619-3728
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1989

4. FEI Number

65-0122539

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WEBER, THOMAS
2137 JACKSONVILLE ST.
FT. MYERS FL 33916**

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 607.0501 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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WALEWSKI, ALEXANDRE**
CITY-ST-ZIP **4020 50TH STREET SOUTH
TAMPA FL 33619**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WEBER, THOMAS**
CITY-ST-ZIP **2137 JACKSONVILLE STREET
FT. MYERS FL 33916**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **JACKSON, E. RAY**
CITY-ST-ZIP **4020 50TH STREET SOUTH
TAMPA FL 33619**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D**
1.3 STREET ADDRESS **FABRICE WALEWSKI**
1.4 CITY-ST-ZIP **4020 50TH STREET S.
TAMPA, FL 33619**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **RAPHAEL WALEWSKI**
2.4 CITY-ST-ZIP **4020 50TH STREET S.
TAMPA, FL 33619**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **ANTDINE POSTEL-VINAY**
3.4 CITY-ST-ZIP **4020 50TH STREET S.
TAMPA, FL 33619**

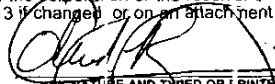
4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **JEAN-CHARLES FAUST**
4.4 CITY-ST-ZIP **2744 SUMMERDALE DR. N.
CLEARWATER, FL 33761**

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a different like empowered.

SIGNATURE:

 **EDWARD RAY JACKSON - DIRECTOR**

4/19/99
Date

813-242-4303
Daytime Phone #

CR2E034 (11/98)