

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 MAY 30 AM 9:07

DOCUMENT # L18963 (3)

1. Corporation Name

AC LEASING, INC.

Principal Place of Business

1428 E SEMORAN BLVD  
STE 106  
APOPKA FL 32703  
US

Mailing Address

P.O. BOX 162596  
STE 108  
ALTAMONTE SPRINGS FL 32716  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2975413

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

Trust Fund Contribution

☐

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

2. Principal Place of Business

21 216 North Westmonte

2a. Mailing Address

26 Suite, Apt. #, etc.

22 SF 2008

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 32714

29 Zip

Country

30

9. Name and Address of Current Registered Agent

HOLLAND, EDWIN L.  
1428 E. SEMORAN BLVD  
SUITE 106  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

Same

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

210 N. Westmonte Dr.

84 City

Altamonte Springs

FL

85 Zip Code

32714

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 reappointing)

DATE

5-1-95

12. OFFICERS AND DIRECTORS

TITLE

DP  
HOLLAND, GAYLE M.  
228 NOB HILL CIR  
LONGWOOD FL

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DST  
HOLLAND, EDWIN L.  
228 NOB HILL CIR  
LONGWOOD FL

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

236 Nob Hill Cir

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

206 Nob Hill Cir

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

5-1-95

(Type in Block 4)