

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 # **L27200** (9)

1. Corporation Name

DURDEN LEASING, INC.



Principal Place of Business

Mailing Address

P.O. BOX 28118
PANAMA CITY FL 32411

P.O. BOX 28118
PANAMA CITY FL 32411

3. Date Incorporated or Qualified **11/02/1989** 3a. Date of Last Report **04/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 2605 THOMAS DRIVE		26		59-2973318		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22 PANAMA CITY BEACH FL		27 P.O. BOX 28300		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28 PANAMA CITY BEACH FL					
Zip		Zip					
24 32408		25 BAY		29 32411		30 BAY	
Country		Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BEACH FL 32411

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	D <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY - CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DURDEN, K. EARL	1.2 NAME	D SCOTT HELMS
STREET ADDRESS	2605 THOMAS DRIVE	1.3 STREET ADDRESS	2605 THOMAS DRIVE
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DURDEN, MICHAEL E.	2.2 NAME	
STREET ADDRESS	2605 THOMAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	GRAY, JINDA	3.2 NAME	
STREET ADDRESS	2605 THOMAS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

404-230-8331
Daytime Phone

CR2E034 (12/95)