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

CICNATIDE:

PROFIT Apr 29 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # (6)H & G LEASING, INC. Principal Place of Business Mailing Address 8521 FLORIDA AVE 6201 THOMAS DR. #1501 PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 6422 WEST 111611WAY 98 Suite, Apt. #, etc. 6422 W. HWY 98 Suite, Apt #, etc. 57-0909542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be PAMAMA CITY BOACH PANAMA CITY BOXH TC Trust Fund Contribution П Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Current Registered Agent 24 4 SA Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent Prather, Joel 3521 FLORIDA AVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY REACH EL 32488 83 84 PANAMA CITY Zip Code 3 2 40 5 CURREC TON 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 (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ☐ Addition PRATHER, JOEL NAME 1.2 NAME 3521 FLORIDA AVE STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Addition 2.1 TITLE ☐ Change PRATHER, ELIZABETH NAME 2.2 NAME 3521 FLORIDA AVE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 occiver 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 change, or on an attachment with an oldress.

**FILED** 

4/23/98

234-3063