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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L28545 1. Corporation Name

H & G LEASING, INC.

Principal Place of Business Malling Address						i i i i i i i i i i i i i i i i i i i	
6422 WEST HIGHWAY 98 6422 W HWY 9			2 W HWY 98	98			
- 1 1 1 1 1 1 1 1 1 1			PANAMA CITY BEACH FL 32407				DO NOT WOITE IN THE OPLOS
US			US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
							10/20/1989 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address							T. Francisco
21			26				37 0300042
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22			City & State				
City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zin	Country	28	Zip	Cou	atraz		
Zip		29	Σip	30	ш,		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer	11	tered Agent	30]			10. Name and Address of New Registered Agent
	5. Name and Address of Conten	t Kegisi	crea Agent		81	Name	
PRA*	THER, JOEL						
3521 FLORIDA AVE					82 Street Address (P.O. Box Number is Not Acceptable)		
PANAMA CITY FL 32405					83		
					84	City	FL 85 Zip Code
							orporation submits this statement for the purpose of changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid tions of	a. Such change was a Section 607.0505, Flo	uthorized rida Statı	by ites	the corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	July 19. Prof	110					49/97
		nt and title if			Agen	t sıgnature requi	puired when reinstating) DATE
12.	OFFICERS AN	D DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ()	/ P		☐ DELETE	1.1 TIT			☐ Change ☐ Addition
NAME	PRATHER, JOEL			1.2 NA			
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BEACH FL				1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	\$		☐ DELETE	2.1 TIT			☐ Change ☐ Addition
NAME	PRATHER, ELIZABETH			2.2 NA	ME		
STREET ADDRESS	3521 FLORIDA AVE	•		2.3 ST	REET	'ADDRESS' '	
CITY-ST-ZIP	PANAMA CITY FL			2. 4 Cl		T-ZIP	
TITLE			☐ DELETE	3.1 TR	LE		☐ Change ☐ Addition
NAME				3.2 NA	ME		
STREET ADDRESS				3.3 ST	REET	ADDRESS	
CITY+ST-ZIP				3.4. CI	TY-\$	T-ZIP	
TITLE			☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition
NAME				4. 2 N/	WE		
STREET ADDRESS	,			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP	•			4.4 CI	Y-\$1	r-ZIP	
TITLE			☐ DELETE	5.1 TII	ΣĔ		☐ Change ☐ Addition
NAME				5.2 NA	ME		
STREET ADDRESS				5.3 ST	REET	ADDRESS	
CITY-ST-ZIP				5.4 CF	Y-\$1	T-ZIP	
TITLE			DELETE	6.1 TiT	lΕ		☐ Change ☐ Addition
NAME				6.2 NA	ME		
CTDEST ANDDESS				63.ST	REET	ADDRESS	

I hereby 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 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90074 010 ***150.00