

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DEPARTMENT OF CORPORATIONS

1996 5-20-96 B-6519 C

DOCUMENT # L60623

(0)

1. Corporation Name

CBM LEASING, INC.



Principal Place of Business

Mailing Address

% CLIFFORD B. MOWE
3838 N. PALAFOX ST.
PENSACOLA FL 32506-5239

% CLIFFORD B. MOWE
3838 N. PALAFOX ST.
PENSACOLA FL 32506-5239

3. Date Incorporated or Qualified

03/28/1990

3a. Date of Last Report

11/22/1995

4. FEI Number

59-3055810

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOWE, CLIFFORD B.
3838 N. PALAFOX ST
PENSACOLA FL 32504

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, 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 of Registered Agent (if not the same as the corporation's)

Signature of Registered Agent (signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME MOWE, CLIFFORD B.
STREET ADDRESS 3838 N. PALAFOX ST.
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information submitted on 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 filing 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 I am an officer or director on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)