

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra J. Northrup
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01186 (9)

1. Corporation Name

G & B LEASING, INC.

Principal Place of Business

% MICHAEL H. KAHN, ESQ.
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

% MICHAEL H. KAHN, ESQ.
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32935



3. Date Incorporated or Qualified
05/31/1984

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2418588

Applied For

Not Applicable

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

2. Principal Place of Business

21 1445 West New Haven Ave

Suite, Apt. #, etc.

22

City & State

23 Melb FL

Zip

24 32902-0875

Country

25

ARRIVAL

2a. Mailing Address

26 G & B Leasing Inc

Suite, Apt. #, etc.

27 P.O. Box 879

City & State

28 Melbourne FL

Zip

29 32902-0875

Country

30

ARRIVAL

9. Name and Address of Current Registered Agent

KAHN, MICHAEL H., ESQ.
482 N. HARBOR CITY BLVD.
MELBOURNE FL 32835

10. Name and Address of New Registered Agent

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 of individual or printed name of registered agent and title (if any)

Signature of Registered Agent (signature required when submitting)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LEWIS, JOYCE M.
STREET ADDRESS 1445 W. NEW HAVEN AVENUE
CITY - ST - ZIP W. MELBOURNE FL

TITLE VD ☐ DELETE

NAME LEWIS, BILLY R. SR.
STREET ADDRESS 1445 W. NEW HAVEN AVENUE
CITY - ST - ZIP W. MELBOURNE FL

TITLE STD ☐ DELETE

NAME LEWIS, BILLY R. JR.
STREET ADDRESS 1445 W. NEW HAVEN AVENUE
CITY - ST - ZIP W. MELBOURNE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

Billy R Lewis vlp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Billy R Lewis vlp

3-18-96

407-773-1184

Daytime Phone #

CR2E034 (12/95)

4-14-96