

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 # M34241 (3)

1. Corporation Name

TURNKEY LEASING, INC.



Principal Place of Business

2400 W. COPANS RD.  
APT. 6  
POMPANO BEACH FL 33069  
US

Mailing Address

2400 W. COPANS RD. #6  
POMPANO BEACH FL 33069  
US

3. Date Incorporated or Qualified

06/25/1986

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2701073

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICE, WILLIAM P.  
2400 W. COPANS RD. #6  
POMPANO BEACH FL 33069

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PO  
RICE, WILLIAM P.  
240 SAGAL PALM TERR  
BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
HENDERSON, JOHN M.  
BOX 13 N/A  
ROCKVILLE VA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

ST  
JOHNSON, SALLY R.  
1240 S.W. 19TH STREET  
BOCA RATON FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

D  
GOTTWALD, JAMES T.  
3600 RIVER ROAD, WEST  
GOOCHLAND VA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

Vice President  
Marshall C. Johnson  
2496 Douglass Ave  
Del Ray Beach, FL 33444

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-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

William P. Rice WILLIAM P. RICE 3/29/96 978 3779 (954)

CR2E034 (12/95)