

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38413 (3)

1. Corporation Name

FIRST MUNICIPAL LEASING CORPORATION

Principal Place of Business

**201 W PARK AVE
TALLAHASSEE FL 32301**

Mailing Address

**201 W PARK AVE
TALLAHASSEE FL 32301**



3. Date Incorporated or Qualified
06/01/1990

3a. Date of Last Report
07/13/1995

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

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4. FEI Number
59-3127611

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOWDY, RICHARD C.
201 W PARK AVE
TALLAHASSEE FL 32302**

81 Name **Michael Madden**

82 Street Address (P.O. Box Number is Not Acceptable)
201 West Park Avenue

83 **Tallahassee, FL 32302**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

3/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **SITTIG, RAYMOND C**
STREET ADDRESS **201 W PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **Michael Sittig** ☐ Change ☒ Addition
1.2 NAME **201 W Park Avenue**
1.3 STREET ADDRESS **Tallahassee, FL 32302**
1.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **DOWDY, RICHARD C**
STREET ADDRESS **201 W PARK AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **Michael Madden** ☐ Change ☒ Addition
2.2 NAME **201 W Park Avenue**
2.3 STREET ADDRESS **Tallahassee, FL 32302**
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **GINN, CAROLINE D**
STREET ADDRESS **1053 20TH PL**
CITY-ST-ZIP **VERO BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **OATES, JOHN J**
STREET ADDRESS **1711 RICKLEDGE DR**
CITY-ST-ZIP **ROCKLEDGE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **PLUMMER, J L JR**
STREET ADDRESS **3500 PAN AMERICAN DR**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **LAND, JOHN H**
STREET ADDRESS **120 E MAIN ST**
CITY-ST-ZIP **APOPKA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96
Date

(904) 222-9684
Daytime Phone #

CR2E037 (12/95)