FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:03

DOCUMENT # N38583 (3)

1. Corporation Name

CLAY COUNTY GOVERNMENTAL LEASING CORPORATION

Principal Place of Business	Mailing Address
477 HOUSTON ST. GREEN COVE SPRINGS FL 32043 US	477 HOUSTON ST GREEN COVE SPRINGS FL 32043 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 1366
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 GREEN COVE SPRINGS, FL
Zip 24 / Country 25	Zip 29 32043 / Country 30 CLAY

9. Name and Address of Current Registered Agent

SCRUBY, MARK
CLAY COUNTY
477 HOUSTON ST. P.O. BOX 1366
GREEN COVE SPRINGS FL 32043

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		XX Change ☐ Addition
NAME	JETT, JAMES B.	1.2 NAME	GRIFFIN, CHARLES R. "BUDDY"	
STREET ADDRESS	477 HOUSTON ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	DV	XX Change ☐ Addition
NAME	BUSH, GEORGE A	2.2 NAME		
STREET ADDRESS	477 HOUSTON ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, DALE S.	3.2 NAME		
STREET ADDRESS	477 HOUSTON ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE	DCP	XX Change ☐ Addition
NAME	MCGOVERN, PATRICK D	4.2 NAME		
STREET ADDRESS	477 HOUSTON ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	4.4 CITY-ST-ZIP		
TITLE	DCR	5.1 TITLE	D	XX Change ☐ Addition
NAME	LANCASTER, LARRY R.	5.2 NAME		
STREET ADDRESS	477 HOUSTON ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	5.4 CITY-ST-ZIP		
TITLE	ST	6.1 TITLE		☐ Change ☐ Addition
NAME	KEENE, JOHN	6.2 NAME		
STREET ADDRESS	825 N. ORANGE AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRGS FL	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick D. McGovern 2-14-95 904-284-6376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

PATRICK D. MCGOVERN DCP

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