

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 # N38583 (3)

1. Corporation Name

CLAY COUNTY GOVERNMENTAL LEASING CORPORATION

Principal Place of Business

477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043
US

Mailing Address

PO BOX 1366
GREEN COVE SPRINGS FL 32043
US



3. Date Incorporated or Qualified
06/13/1990

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

SCRUBY, MARK
CLAY COUNTY
477 HOUSTON ST.
GREEN COVE SPRINGS FL 32043

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME GRIFFIN, CHARLES R. "BU"
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVX ☐ DELETE
NAME BUSH, GEORGE A
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DCP
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DX ☐ DELETE
NAME WILSON, DALE S.
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

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

TITLE DXR ☐ DELETE
NAME MCGOVERN, PATRICK D
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS 400001747404
4.4 CITY-ST-ZIP -03/18/96--01085--002
***61.25

TITLE D ☐ DELETE
NAME LANCASTER, LARRY R.
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

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

TITLE ST ☐ DELETE
NAME KEENE, JOHN
STREET ADDRESS 825 N. ORANGE AVE.
CITY-ST-ZIP GREEN COVE SPRGS 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, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/23/96 904/284-6347

CR2E037 (12/95)