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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32043-1366 US
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3. Date Incorporated or Qualified 06/13/1990	3a. Date of Last Report 03/18/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIFFIN, CHARLES R. "BU"
STREET ADDRESS	477 HOUSTON ST.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	XXX <input type="checkbox"/> DELETE
NAME	BUSH, GEORGE A
STREET ADDRESS	477 HOUSTON ST.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	XXX <input type="checkbox"/> DELETE
NAME	WILSON, DALE S.
STREET ADDRESS	477 HOUSTON ST.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCGOVERN, PATRICK D
STREET ADDRESS	477 HOUSTON ST.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	XXX <input type="checkbox"/> DELETE
NAME	LANCASTER, LARRY R.
STREET ADDRESS	477 HOUSTON ST.
CITY-ST-ZIP	GREEN COVE SPRGS FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	KEENE, JOHN
STREET ADDRESS	825 N. ORANGE AVE.
CITY-ST-ZIP	GREEN COVE SPRGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFFIN, CHARLES R. "BUDDY"
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DCP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **DALE S. WILSON** *Dale S. Wilson* **1-28-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0000478**

CR2E037 (9/96)