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Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
477 HOUSTON ST. PO BOX 1366
GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043
US US

3. Date Incorporated or Qualified
06/13/1990

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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

TITLE D ☐ DELETE

NAME GRIFFIN, CHARLES R "BUD"
STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE D ☐ DELETE

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

TITLE ~~DR~~ ☐ DELETE

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

TITLE ~~DR~~ ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE ST ☐ 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 ☒ Change ☐ Addition

1.2 NAME GRIFFIN, CHARLES R. "BUDDY"

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

PATRICK D. MCGOVERN

01-27-98

904-284-6376

CP2E037 (10/97)