

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90107 001 ****61.25

DOCUMENT # N38583

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



2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

3. Date Incorporated or Qualified

06/13/1990

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

Mark Scruby

MARK H. SCRUBY

01-26-99

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 ☐ DELETE

NAME ~~GREEN, CHARLES R. RUCK~~

STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE ~~DX~~ ☐ DELETE

NAME BUSH, GEORGE A

STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE D ☐ DELETE

NAME WILSON, DALE S.

STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE ~~DX~~ ☐ DELETE

NAME MCGOVERN, PATRICK D

STREET ADDRESS 477 HOUSTON ST.
CITY-ST-ZIP GREEN COVE SPRGS FL

TITLE ~~DX~~ ☐ 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

GLENN R. LASSITER

DV

D

DCP

JAMES B. JETT

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Larry R. Lancaster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY R. LANCASTER 01-26-99 904-284-6376

Date

Daytime Phone #

CR2E037 (1/98)