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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N51460

1. Corporation Name

**LEON COUNTY COMMISSION GOVERNMENTAL LEASING CORP
ORATION**

Principal Place of Business

301 S MONROE ST
5TH FLOOR
TALLAHASSEE FL 32301

Mailing Address

301 S MONROE ST
5TH FLOOR
TALLAHASSEE FL 32301



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/23/1992

4. FEI Number

59-3152204

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

9. Name and Address of Current Registered Agent

**MANNY JONOS
4019 WIGGINGTON RD
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name

Cliff Thael

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

9601 Miccosukee Road #59

83

84 City

Tallahassee

FL

85 Zip Code

32308

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

Cliff Thael, Chairman

02/01/99

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 **THAEL, CLIFF**
STREET ADDRESS **9601 MICCOSUKEE RD., #59**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☒ DELETE
NAME **JOANOS, MANNY**
STREET ADDRESS **3208 BLACKWOOD AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D** ☐ DELETE
NAME **BILL PROCTOR**
STREET ADDRESS **2516 PASCO ST**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **D** ☒ DELETE
NAME **YORDON, GARY**
STREET ADDRESS **1306 TOUCHIN NENE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ DELETE
NAME **HOST, BRUCE**
STREET ADDRESS **2906 TYRON CIRCLE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ DELETE
NAME **MALLOY, RUDY**
STREET ADDRESS **2324 NAPOLEON BONAPARTE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Jane Sauls** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3640 Halls Landing Road**
1.4 CITY-ST-ZIP **Tallahassee, FL 32310**

2.1 TITLE **Dan Winchester** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **814 Livingston Court**
2.4 CITY-ST-ZIP **Tallahassee, FL 32303**

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

4.1 TITLE **Bob Rackleff** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **816 Cherry Street**
4.4 CITY-ST-ZIP **Tallahassee, FL 32303-6244**

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, with all other like empowered.

SIGNATURE:

Cliff Thael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cliff Thael, Chairman 02/01/99 (850)488-4710

Date

Daytime Phone #

CR2E037 (11/98)