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Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006932 (7)

1. Corporation Name
FDI LEASING, INC.



Principal Place of Business
SEAPOINT PH 1 SOUTH
10 SEAGATE DR.
NAPLES FL ~~33940~~ 34103-2419
US

Mailing Address
SEAPOINT PH 1 SOUTH
10 SEAGATE DR.
NAPLES FL 34103-2419
US

3. Date Incorporated or Qualified
11/23/1992

3a. Date of Last Report
02/07/1996

4. FEI Number
65-0375217

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
FERRIS, CARL W
SEAPOINT
10 SEAGATE DR.
NAPLES FL ~~33940~~ 34103-2419

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FERRIS, CARL W.
STREET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH
CITY-ST-ZIP NAPLES FL 33940-2467

TITLE ST
NAME FERRIS, CONSTANCE F
STREET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH
CITY-ST-ZIP NAPLES FL 34103-2419

TITLE VP
NAME DIMARZIO, AMY FERRIS
STREET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH
CITY-ST-ZIP NAPLES FL 34103-2419

TITLE VP
NAME BOYLE, JAMES W
STREET ADDRESS 498 PALM SPRINGS DR SUITE 270
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN OF BOARD ☒ Change ☐ Addition
1.2 NAME DIRECTOR
1.3 STREET ADDRESS CARL W. FERRIS
1.4 CITY-ST-ZIP 10 SEAGATE DR. PH 1 SOUTH
NAPLES, FLORIDA 34103-2419

2.1 TITLE
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 PRESIDENT AND DIRECTOR ☒ Change ☒ Addition
5.2 NAME PAUL R. ALFORD
5.3 STREET ADDRESS 2900 14TH STREET NORTH
5.4 CITY-ST-ZIP NAPLES, FL. 34103

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl W. Ferris JAN. 15, 1997 (941) 263-9397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)