

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

SEAPoint PH 1 SOUTH  
10 SEAGATE DR.  
NAPLES FL 34103-2419  
US

SEAPoint PH 1 SOUTH  
10 SEAGATE DR.  
NAPLES FL 33940  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1992

4. FEI Number

65-0375217

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

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

34103

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERRIS, CARL W  
SEAPoint  
10 SEAGATE DR.  
NAPLES FL 34403-2419

81 Name

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

83

84 City

FL

85

Zip Code  
34103

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COBO  
NAME FERRIS, CARL W.  
STREET ADDRESS 10 SEAGATE DRIVE, PH 1 SOUTH  
CITY-ST-ZIP NAPLES FL 34403-2419 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Naples, FL 34103 ☒ Change ☐ Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

TITLE PD  
NAME ALFORD, PAUL R  
STREET ADDRESS 2900 14TH STREET NORTH  
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 2900 14th Street North, Suite 5  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (10/97)