

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000010730 (9)

1. Corporation Name

DIVERSIFIED LEASING, INC.

Principal Place of Business

**400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640**

Mailing Address

**400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 03/16/1994
4. FEI Number 59-3167027	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 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.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**HERSEM, THOMAS G
400 INDIAN ROCKS ROAD
SUITE C
BELLEAIR BLUFFS FL 34640**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

FL

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE		☐ Change ☐ Addition
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY - ST - ZIP	1.4 CITY - ST - ZIP		
TITLE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
TITLE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY - ST - ZIP	3.4 CITY - ST - ZIP		
TITLE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY - ST - ZIP	4.4 CITY - ST - ZIP		
TITLE	5.1 TITLE		☐ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY - ST - ZIP	5.4 CITY - ST - ZIP		
TITLE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY - ST - ZIP	6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information included in 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, above, and, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

Date

Signature Page #