

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000001094 (0)

1. Corporation Name

SUNBELT LEASING & MANAGEMENT SERVICES, INC.

Principal Place of Business

2400 BEDFORD RD
ORLANDO FL 32803

Mailing Address

2400 BEDFORD RD
ORLANDO FL 32803



3. Date Incorporated or Qualified
01/01/1993

3a. Date of Last Report
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 111 N. ORLANDO AVE.

26 111 N. ORLANDO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

Zip

Country

Zip

Country

24 32789

25 ORANGE

29 32789

30 ORANGE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIMBLE, T. L.
2400 BEDFORD RD
ORLANDO FL 32803

81 Name
TRIMBLE, T. L.

82 Street Address (P.O. Box Number is Not Acceptable)
111 NORTH ORLANDO AVENUE

83

84 City
WINTER PARK

FL

85 Zip Code
32789

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 607.0509, Florida Statutes.

SIGNATURE

T. L. TRIMBLE (J. L. Trimble)

1/26/96

(Signature, typed or printed name of registered agent and office if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME BLAIR, MARDIAN J.
STREET ADDRESS 2400 BEDFORD RD.
CITY-STATE-ZIP ORLANDO FL

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME BLAIR, MARDIAN J.
1.3 STREET ADDRESS 111 NORTH ORLANDO AVENUE
1.4 CITY-STATE-ZIP WINTER PARK, FL 32789-3675

TITLE P ☐ DELETE
NAME CHOBAN, GLENWOOD T.
STREET ADDRESS 500 WINDERLEY PLACE, SUITE 115
CITY-STATE-ZIP MAITLAND FL

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

TITLE S ☐ DELETE
NAME BLOCK, L. MARK
STREET ADDRESS 2400 BEDFORD ROAD
CITY-STATE-ZIP ORLANDO FL

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME BLOCK, L. MARK
3.3 STREET ADDRESS 111 NORTH ORLANDO AVENUE
3.4 CITY-STATE-ZIP WINTER PARK, FL 32789-3675

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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:

L. Mark Block

1/26/96

407/975-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. MARK BLOCK - ASSISTANT SECRETARY

Date

Daytime Phone #

CR2E034 (12/95)