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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

1996

Secretary of State
DIVISION OF CORPORATIONS

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P93000047725 (5)

1. Corporation Name

LMC LEASING, INC.

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Principal Place of Business	
181 E H STREET FROSTPROOF FL 33843 US	

Mailing Address 33 EAST WALL STREET P.O. BOX 158 FROSTPROOF FL 33843

				US					3. Date inco	30/1993	Guainleu	Ja. Date)4/28/	/1995
2.	Principal Place of Busine	ess	2a 26	. Mailing Address					4. FEI Num 59	ber 318932	4	1		Applied For Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.					L & Codificate of Status Desired L 1					75 Additional ee Required	
2]	City & State		28	City & State					6. Election Trust Fu	Campaign F nd Contribut				.00 May Be ded to Fees
3	Zip	Country 25	29	Zψ	30	ountry	ī		B. This corp Florida S		liability for i	ntangible ta	ix under	rs 199.032,
9. Name and Address of Current Registered Agent									10. Name a	nd Addres	s of New R	egistered	Agent	
						81	[]	Name						
33 E WALL ST			82	2 1	Street Address	et Address (P.O. Box Number is Not Acceptable)								
			63	,										
						84	1	City	-			FŁ	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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

	y at the Typest or pointed out of other pshired autonians OFFICE HS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition					
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ME	WILSON, PT		1.2 NAME						
REET ADDRESS	100 N. PALM AVE.		1.3 STREET ADDRESS						
Y-ST-ZIP	FROSTPROOF FL		1.4 CrTY+ST-ZIP	Change [7]] Additio				
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Μέ	WILSON, PATRICIA		2.2 NAME						
EET ADDRESS	3615 JETTON AVE		2 3 STREET ADDRESS						
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ie [CRADDOCK, F.H.		3.2 NAME						
LET ADDRESS	145 LAKE OTIS RD		3.3 STREET ADDRESS						
·ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP		"I Addi				
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, _E			4.2 NAME	30 0001808783 -05/06/9601028044					
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/E			6.2 NAME	$\mathcal{I}_{\mathcal{N}}$					
REET ADDRESS			6.3 STREET ADDRESS						
V. ST-7IP			64 CITY-ST-ZIP						

14. If do hereby certify that the information supplied with this fling 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 certify that I am an officer or director of this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 1940/635-4804

CRZE034 (12/95)