

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 # P94000001073 (3)

1. Corporation Name

TECHNOLOGY SYSTEMS LEASING, INC.



Principal Place of Business

Mailing Address

C/O RICHARD G. HATHAWAY, P.A.  
7077 BONNEVAL ROAD, SUITE 200  
JACKSONVILLE FL 32216

C/O RICHARD G. HATHAWAY, P.A.  
7077 BONNEVAL ROAD, SUITE 200  
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified  
12/28/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 P.O. Box 551165

2a. Mailing Address  
26 P.O. Box 551165

4. FEI Number  
59-3243441

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State  
23 Jacksonville, FL

City & State  
28 Jacksonville, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country  
24 32255-1165 25 USA

Zip Country  
29 32255-1165 30 USA

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

HATHAWAY, RICHARD G  
7077 BONNEVAL ROAD  
SUITE 200  
JACKSONVILLE FL 32216

81 Name Richard G. Hathaway

82 Street Address (P.O. Box Number is Not Acceptable)  
10151 Deerwood Park Blvd

83 Bldg 100 Suite 200

84 City Jacksonville FL 85 Zip Code 32256

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 607.0501, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MORALES, JORGE F  
CITY - ST - ZIP 7077 BONNEVAL ROAD, SUITE 200  
JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 904 399 8500

Date

Daytime Phone #

CR2E034 (12/95)