

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000007257 (6)

1. Corporation Name

R C G LEASING, INC.



Principal Place of Business

Mailing Address

~~2219 MEADOWMOUSE
ORLANDO FL 32837
US~~

~~2219 MEADOWMOUSE
ORLANDO FL 32837
US~~

2. Principal Place of Business

2a. Mailing Address

21 2430 WESTMINSTER TERRACE

26 2430 WESTMINSTER TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 OVIEDO, FL

27 City & State

28 OVIEDO, FL

24 Zip

25 32765

Country

26 SEMINOLE

29 Zip

30 32765

Country

31 SEMINOLE

9. Name and Address of Current Registered Agent

~~ZALESKI, DARRIN
2219 MEADOWMOUSE ST
ORLANDO FL 32837~~

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

02/13/1995

4. FEI Number

59-3218555

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

10. Name and Address of New Registered Agent

81 Name

GARY W. ELLIS

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

2430 WESTMINSTER TERRACE

83

84 City

OVIEDO

FL

85 Zip Code

32765

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

Gary W. Ellis - Gary W. Ellis

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME ELLIS, GARY W
STREET ADDRESS 4344 TIDEVIEW LANE
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☒ DELETE

VST
NAME ZALESKI, DARRIN
STREET ADDRESS 2219 MEADOWMOUSE ST
CITY - ST - ZIP ORLANDO FL

TITLE ☒ DELETE

Q
NAME WAGNER-ZALESKI, LAURA
STREET ADDRESS 2219 MEADOWMOUSE ST
CITY - ST - ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

P/V
NAME ELLIS, GARY W
STREET ADDRESS 2430 WESTMINSTER TERRACE
CITY - ST - ZIP OVIEDO, FL 32765

☐ Change ☒ Addition

S/T
NAME ELLIS, JUDITH A.
STREET ADDRESS 2430 WESTMINSTER TERRACE
CITY - ST - ZIP OVIEDO, FL 32765

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gary W. Ellis - Gary W. Ellis P/V

7-10-96

407-977-0919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)