FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JAN 25 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039337 (8)

1. Corporation Name
LRBD LEASING COMPANY

Principal Place of Business	Mailing Address
8580 RIVERSIDE DRIVE NORTH ST. PETERSBURG FL 33702	8580 RIVERSIDE DRIVE NORTH ST. PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/01/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 36750 U.S. 19 W
Suite, Apt. #, etc. 22: PALM HARBOR
City & State 23: PALM HARBOR, FL
Zip 24: 34684 Country 25: U.S.A.

2a. Mailing Address
26: P.O. Box 1088
Suite, Apt. #, etc. 27:
City & State 28: TARPON SPRINGS, FL.
Zip 29: 34688 Country 30: U.S.A.

4. FEI Number: 59-3250349 ☐ 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

9. Name and Address of Current Registered Agent

SANDBURG, TOM
8580 RIVERSIDE DRIVE NORTH
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name: KANNEN, Robert T.
82 Street Address (P.O. Box Number is Not Acceptable): 36750 U.S. 19 W
83:
84 City: PALM HARBOR FL 85 Zip Code: 34684

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: R.T. Kannen R.T. KANNEN 1-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	1.1 TITLE	D. P.T.	☑ Change ☐ Addition
NAME	HILL, LEWIS H III	1.2 NAME	KANNEN, Robert T.	
STREET ADDRESS	1111 DUNBAR AVE.	1.3 STREET ADDRESS	36750 U.S. 19 W	
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE		2.1 TITLE	D. V.S.	☐ Change ☐ Addition
NAME		2.2 NAME	CAPAS, D.L.	
STREET ADDRESS		2.3 STREET ADDRESS	2601 S. ROOSEVELT BLVD.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	KEY WEST, FL. 33040	
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 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: R.T. Kannen R.T. KANNEN 1-19-95 813-938-6103
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0100030 CP