

LOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # P94000066182 (4)

1. Corporation Name

ALTERNATE FUELS FLEET & LEASING, INC.

Principal Place of Business

**6400 HIGHWAY 90 WEST
MILTON FL 32570**

Mailing Address

**6400 HIGHWAY 90 WEST
MILTON FL 32570**

**APPROVED
AND
FILED**

95 JUL 26 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date first organized or qualified 09/02/1994	3a. Date of Last Report
4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Has this corporation financing from bond contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**BECKFORD, CASEY
6400 HIGHWAY 90 WEST
MILTON FL 32570**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature required for principal place of business of corporation)

(Print Name of Agent; Signature required when first listed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO CHARTERED CORPORATIONS	
TITLE	PRESIDENT	TITLE	
NAME	DEBBIE-ANN V. BECKFORD	11 NAME	
STREET ADDRESS	4655 CHALK VENTOSH	12 STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32514	13 CITY, ST, ZIP	
TITLE	VICE PRESIDENT	21 NAME	
NAME	CASEY A. BECKFORD	22 STREET ADDRESS	
STREET ADDRESS	1500 EAST JOHNSON AVE 211	23 CITY, ST, ZIP	
CITY, ST, ZIP	PENSACOLA FL 32514	31 NAME	
TITLE		32 STREET ADDRESS	
NAME		33 CITY, ST, ZIP	
STREET ADDRESS		41 NAME	
CITY, ST, ZIP		42 STREET ADDRESS	
TITLE		43 CITY, ST, ZIP	
NAME		51 NAME	
STREET ADDRESS		52 STREET ADDRESS	
CITY, ST, ZIP		53 CITY, ST, ZIP	
TITLE		61 NAME	
NAME		62 STREET ADDRESS	
STREET ADDRESS		63 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 19.02(4)(b), 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 1907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an officer listed with an addition.

SIGNATURE: *Debbie Ann V. Beckford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (2nd) 613-2234