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FILED

Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000070489 (7)

1. Corporation Name  
HERE TODAY LEASING CORPORATION



Principal Place of Business  
6680 S.E. HARBOR CIRCLE  
STUART FL 34996

Mailing Address  
6680 S.E. HARBOR CIRCLE  
STUART FL 34996

3. Date Incorporated or Qualified  
09/22/1994

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business  
21 6699 South MARINA Way  
Suite, Apt. #, etc.

2a. Mailing Address  
26 6699 South MARINA Way  
Suite, Apt. #, etc.

4. FEI Number  
65-0521983

Applied For  
Not Applicable

22. City & State

27. City & State

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

23. Zip Country

28. Zip Country

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

24. 25.

29. 30.

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

TEWKSBURY, BAIRD  
6680 S.E. HARBOR CIRCLE  
STUART FL 34996

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
6699 South MARINA Way  
83  
84 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	TEWKSBURY, BAIRD	
STREET ADDRESS	6680 S.E. HARBOR CIRCLE	
CITY-ST-ZIP	STUART FL 34996	
TITLE	D	DELETE
NAME	TEWKSBURY, GERALDINE	
STREET ADDRESS	6680 S.E. HARBOR CIRCLE	
CITY-ST-ZIP	STUART FL 34996	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6699 South MARINA Way
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6699 South MARINA Way
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BAIRD TEWKSBURY - PRESIDENT

3/28/97 561-225-2858

0527295

CR2E034 (9/96)