# 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

APPROVED AND FILED

95 MAR -3 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000076660 (7)

1. Corporation Name

ON SITE LEASING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~11180 SIXTH STREET EAST~~ ~~TREASURE ISLAND FL 33706~~ | ~~11180 SIXTH STREET EAST~~ ~~TREASURE ISLAND FL 33706~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 327 LOTUS PATH | 26 P.O. BOX 7963 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 CLEARWATER, FL | City & State 28 CLEARWATER, FL |
| Zip 24 34616 Country 25 USA | Zip 29 34618 Country 30 USA |

4. FEI Number: 59-3282477 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| BROWN, PETER R<br>11180 SIXTH STREET EAST<br>TREASURE ISLAND FL 33706 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ NOTE: Registered Agent signature required when reinstating DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | MITCHELL, JUDY | 12 NAME | | |
| STREET ADDRESS | 327 LOTUS PATH | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 34616 | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | BROWN, PETER R | 22 NAME | | |
| STREET ADDRESS | 11180 SIXTH STREET EAST | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | 24 CITY-ST-ZIP | | |
| TITLE | SV | 31 TITLE | SECRETARY (ONLY) | ☑ Change ☐ Addition |
| NAME | HUNT, DARLENE | 32 NAME | | |
| STREET ADDRESS | 4607 WEST FIG STREET STE. 108 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33609 | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 above, or on an attachment with an address.

SIGNATURE: Judy Mitchell, PRES 2-27-95 (813)531-1466
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Telephone Number

JUDY MITCHELL

000004 CR