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Jan 27 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 # P94000078141 (6)

1. Corporation Name
REPCO EQUIPMENT LEASING, INC.



Principal Place of Business
1515 MISSOURI AVE.
PALM HARBOR FL 34683

Mailing Address
1515 MISSOURI AVE.
PALM HARBOR FL 34683-3642

3. Date Incorporated or Qualified 10/25/1994
3a. Date of Last Report 01/30/1996

2. Principal Place of Business
21 11603 SR. 54
Suite, Apt. #, etc

2a. Mailing Address
26 PO BOX 837
Suite, Apt. #, etc

4. FEI Number 59-3276850
Applied For Not Applicable

22 City & State
23 ODESSA, FL

27 City & State
28 ODESSA, FL

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

24 Zip 33556 25 Country PASCO

29 Zip 33556 30 Country PASCO

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

PURCELL, RAYMOND E
1515 MISSOURI AVE.
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name PURCELL, RAYMOND E
82 Street Address (P.O. Box Number is Not Acceptable) 11603 SR. 54
83
84 City ODESSA FL 85 Zip Code 33556

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 RAYMOND E. PURCELL, PRESIDENT/DIRECTOR
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1-13-97

12. OFFICERS AND DIRECTORS

TITLE D
NAME PURCELL, RAYMOND E
STREET ADDRESS 1515 MISSOURI AVE.
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME PURCELL, RAYMOND E
1.3 STREET ADDRESS 11603 SR 54
1.4 CITY-ST-ZIP ODESSA, FL 33556

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: RAYMOND E. PURCELL
Signature typed or printed name of signing officer or director DATE 1-13-97 (613) 785-6567 Daytime Phone #

CR2E034 (9/96)