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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000079530 (9)

1. Corporation Name
WADE LITTLEFIELD LEASING INC.

Principal Place of Business Mailing Address

**261 IDOL WILD STREET
PORT CHARLOTTE FL 33952**

**261 IDOL WILD STREET
PORT CHARLOTTE FL 33952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/28/1994** 3a. Date of Last Report

4. FEI Number **87-0513995** 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

2. Principal Place of Business 2a. Mailing Address

21 **3532 Idlewild St** 26 **3532 Idlewild St.**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Port Charlotte, Fla.** 28 **Port Charlotte, Fla.**

24 **33980** 25 Country 29 **33980** 30 Country

9. Name and Address of Current Registered Agent

**LITTLEFIELD, WADE
261 IDOL WILD STREET
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81 Name **Littlefield, Wade**

82 Street Address (P.O. Box Number is Not Acceptable) **3532 Idlewild St.**

83

84 City **Port Charlotte** FL 85 Zip Code **33980**

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 Wade Littlefield - Wade Littlefield 3/30/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BANKHEAD, DAVID L
STREET ADDRESS	10698 SO. 1090 E
CITY, ST, ZIP	SANDY UT 84094
TITLE	D
NAME	BANKHEAD, DAROLYN A
STREET ADDRESS	10698 SO. 1090 E
CITY, ST, ZIP	SANDY UT 84094
TITLE	D
NAME	BANKHEAD, IDA MAE
STREET ADDRESS	551 E 4200 SO.
CITY, ST, ZIP	OGDEN UT 84403
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	AK/SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	Wade Littlefield	
13 STREET ADDRESS	3532 Idlewild St.	
14 CITY, ST, ZIP	Pt. Charlotte, Fla. 33980	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete	
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Delete	
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 personally. 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 in an attachment with an address.

SIGNATURE: Wade Littlefield - Wade Littlefield 3/30/95 (813) 624-2759