FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of Parte
DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # P950 R CREEK LEASING, INC.	000005925 ((9) ¹			
Principal Place of Business P.O. BOX 1033 AUBURNDALE FL 33823		Mailing Address P.O. BOX 1033 AUBURNDALE FL 33823				
					3. Date Incorporated or Qualified 3a. 01/11/1995	Date of Last Report
		2a. Mailing Address 26	n **		4. FEI Number 59 22 (2) (1/20)	Applied For
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-3289630 5. Certificate of Status Desired □	Not Applicable \$8.75 Additional
City & State	3	City & State				Fee Required
23	-	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zψ	Cour	ntry	8. This corporation has liability for intang	ible tax under s. 199.032,
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30		Florida Statutes Yes []	
-	9. Name and Address of Cur	rent Hegistered Agent		81 Name	10. Name and Address of New Regist	ered Agent
GOVONI, BRIAN R 141 5TH STREET N.W. SUITE 100 WINTER HAVEN FL 33881					et Address (P.O. Box Number is Not Acceptable)	
				84 City		FL 85 Zip Gode
or register familiar wit	in, and accept the obligations of, s	ection 607.0505, Florida Statule	R.Go	' נמסעי	oration submits this statement for the purpose aard of directors. I hereby accept the appointment	of changing its registered office ent as registered agent. I am
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TITLE	U CEDALO E	☐ DELETE	1.1 10	LF		Change Addition
name	KILBY, GERALD E		1 2 N A	ME		<u> </u>
STREET ADDRESS	P.O. BOX 1033 N/A AUBURNDALE FL 33823		13 ST	REET ADDRESS		
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CITY-ST-ZIP		A		Y - ST - ZIP		
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NAME CAREET ARRESCO			6 2 NAI		-U4/22/36U1U14-	
STREET ADDRESS				REFT ADDRESS	***200 . 00	4-190
CITY-\$T-ZIP	İ		■ 5.4 CIT	Y - ST - ZIP		J* C

CITY-ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 logal effect as if made under cath; 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

3/29/96

967 - 5302 Daytinie Prone