

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000009450 (4)

1. Corporation Name

COMPREHENSIVE LEASING AND CORPORATE SERVICES, IN  
C.

Principal Place of Business

Mailing Address

1400 GULF BLVD.  
#102  
CLEARWATER FL 34630

1400 GULF BLVD.  
#102  
CLEARWATER FL 34630

3. Date Incorporated or Qualified  
02/03/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 10720 75th St. N.

26 P.O. BOX 644

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Largo, FL

28 Largo, FL

24 Zip

25 Country

34647

USA

29 Zip

34649

30 Country

USA

4. FEI Number

59-3243507

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

CAMPBELL, CHADWICK A  
1400 GULF BLVD.  
#102  
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

Chadwick A. Campbell

82 Street Address (P.O. Box Number is Not Acceptable)

9712 Indian Key Trail

83

84 City

Seminole

FL

85 Zip Code

34646

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

Chad Campbell

Chad Campbell, President

7/26/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when removing)

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CHADWICK A	
STREET ADDRESS	1400 GULF BLVD., #102	
CITY - ST - ZIP	CLEARWATER FL 34630	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Chadwick A. Campbell	
13 STREET ADDRESS	9712 Indian Key Trail	
14 CITY - ST - ZIP	Seminole, FL 34646	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Chad Campbell

Chad Campbell

7/26/96

913-541-2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)