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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # **P9500009450** (4)

COMPREHENSIVE LEASING AND CORPORATE SERVICES, IN C.

Principal Place of Business Mailing Address 10720 75TH STREET, NORTH P. O. BOX 644 N/A LARGO FL 34647 3 3 77 7 LARGO FL 33779-0644 3. Date Incorporated or Qualified 3a. Date of Last Report 02/03/1995 07/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Same Address 59-3293507 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z(p)Country 8. This corporation has liability for intangible tax under s. 199.032, 29 30 Florida Statutes Yes Yo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAMPBELL, CHADWICK A. 9712 INDIAN KEY TRAIL Street Address (P.O. Box Number is Not Acceptable) 82 SEMINOLE FL 34848 33776 83 City Zip Code 33776 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 will, and accept the obligations of Section 607.0505, Florida Statutes. Charliet Cambell, President
NOTE Registered Agenc signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)TITLE DELETE 1111116 ☐ Change ☐ Addition CAMPBELL, CHADWICK A. NAME 1.2 NAME CR2E034 9712 INDIAN KEY TRAIL STREET ADDRESS 13 STREET ADDRESS SEMINOLE FL DITY - ST - ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 22 NAME 20 Mineda Dr. S. STREET ADDRESS 23 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME Indian Key Trail STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Change THILE 4.1 TITLE ___ Addition 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE Change ■ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition . NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 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 suppliemental 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 or an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR