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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000036460 (0)

1. Corporation Name

HUDSON LEASING COMPANY, INC.



Principal Place of Business

8229 HIDDEN LAKE DR. N.
JACKSONVILLE FL 32216

Mailing Address

8229 HIDDEN LAKE DR. N.
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

05/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1000 Riverside Ave.

26 1000 Riverside Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 301

27 Suite 301

City & State

City & State

23 Jay FL 8

28 Jay FL

Zip

Country

Zip

Country

24 32204

25

29 32204

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, RONALD W
8229 HIDDEN LAKE DR., N.
JACKSONVILLE FL 32216

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and for not applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUDSON, RONALD W
8229 HIDDEN LAKE DR., N.
JACKSONVILLE FL

TITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald W. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 (904) 358-2388
Date Daytime Phone #

CR2E034 (12/95)