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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000036460 (0)

HUDSON LEASING COMPANY, INC.

TIODOON ELITORIA OOMI ATTI MO							
Principal Place	of Business	Mailing Address				INSTRUMENTAL BUSING TOTAL MISS	II OTOLO BILLI OBEL 1001
8229 HIDDEN LAKE DR. N. JACKSONVILLE FL 32216		8229 HIDDEN LAKE DR., N. JACKSONVILLE FL 32216					
					3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last	Report
2. Principal Pla	ce of Business	28. Mailing Address			4. FEI Number	- 	Applied For
21 1000 Riverside Ave.		26 1000 Riverside AME		59-32631	10	Not Applicable	
Suite, Apl. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.7	75 Additional	
22 Suite 301		27 Soite 301		C. Commodic of Olalus Desired	Fe Fe	e Required	
City & State		City & State		6. Election Campaign Financing	_[1] \$5.	. 00 May Be	
23 Jay F. B		Jay FL		Trust Fund Contribution	L_J Add	ded to Fees	
Zip Country 25 22 04 25		Ziρ	Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes No		
24 322	9. Name and Address of Current	29 32204	[30]		Florida Statutes Yes 10. Name and Address of New I		
	g, Name and Address of Corrent	nogistered Agent	81	Name	IV. Name and Address of New I	registered Agent	
HIIDGO	N PONAID W						
HUDSON, RONALD W 8229 HIDDEN LAKR DR., N.			82	Street Addre	ss (P.O. Box Number is Not Accepta	ole)	
	ONVILLE FL 32216		83	ļ			
UNONO	ONVILLE I E SEE IO		•				
			84	City		FL 85	Zip Code
11. Pursuant to	the provisions of Sections 607.0502 a	and 607 1508. Blorida Statu	les, the above-	l named comoral	tion submits this statement for the nu		e registered office]
or registere	id agent, or both, in the State of Florida n, and accept the obligations of, Sectio	ı. Such change was authori;	zed by the corp	oration's board	of directors. Thereby accept the app	pointment as register	ed agent. I am
SIGNATURE: _	Signature, typical or printed name of registered agent are	nd til o ir admir salako — (Ni	OTF Ranksteien Alen	nt signature required v	educa registatina	ΓιΔ°)	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
TITLE	D	DELE TE	1. 1 TITLE			Chang	e [] Addition
NAME	HUDSON, RONALD W		1.2 NAME				
STREET ADDRESS 8229 HIDDEN LAKE DR., N.			1.3 STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 OffY=\$	ST - ZiP			
TITLE	DELE		2 1 TITLE			☐ Chang	e 🔲 Addition
NAME			2.2 NAME				
\$TREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY - ST - ZIP				
TITLE	DEL ET E		3 1 TIFLE			□ Chang	e 🔲 Addition
NAME			3.2 NAME				Į
STREET ADDRESS			3.3 STHEE	I ADDRESS			
CITY-ST-7IP	***************************************		3 4 CHY-ST-ZIP				
TITLE		[] DELETE	4 1 [I]]LE			[] Chang	je []] Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STHEE	ADDRESS			
CITY-ST-ZIP		FIREIN	4.4 CHY+5	ST-ZIP			prod 6 h list
TITLE		☐ DELETE	5 1 TITLE			Chang	e [] Addition
NAME			5.2 NAME				
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CITY-ST-ZiP		F'il beittt	54 CITY - 5	ST-ZIP		F7 Chan.	no 🗀 Addision
TITLE			6 1 TITLE			☐ Chang	je [] Addition
NAME CTOLCT ADVOCCO			6.2 NAME				
STREET ADDRESS			6.3 STREE				
14. Ldo hereby	certify that the information supplied w	th this foliog is voluntarily for	640HY-		r the exemption stated in Section 110	107(3)/k". Florida Str	tutes 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 charged or on an attachment with an address							

SIGNATURE:

ALLE SON HE SON

4/25/95 (Foy) 358-2385 Daprie Price t CR2E034 (12/95)