

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000044878 (3)

1. Corporation Name

VERTICAL LEASING, INC.



Principal Place of Business

3671 MAULE ROAD
PENSACOLA FL 32501

Mailing Address

3671 MAULE ROAD
PENSACOLA FL 32501

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number

☒ 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

BOOKOUT, PAUL M
699 HIGHWAY 95A SOUTH
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name *Bookout, Paul M. ✓ change*
82 Street Address (P.O. Box Number is Not Acceptable)
3671 Maule Rd.
83
84 City *Pensacola* FL 85 Zip Code *32503*

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BOOKOUT, JEFFREY L
STREET ADDRESS 699 HIGHWAY 95A SOUTH
CITY-ST-ZIP CANTONMENT FL 32533
☐ DELETE
TITLE VPD
NAME BOOKOUT, PAUL M
STREET ADDRESS 3671 MAULE ROAD
CITY-ST-ZIP PENSACOLA FL 32501
☐ DELETE
TITLE STD
NAME BOOKOUT, DOLORES
STREET ADDRESS 3671 MAULE ROAD
CITY-ST-ZIP PENSACOLA FL 32501
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Bookout, Jeffrey L.
1.3 STREET ADDRESS 3671 Maule Rd.
1.4 CITY-ST-ZIP Pensacola, FL 32503
☒ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

Paul M. Bookout Paul M. Bookout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904-432-0053

Daytime Phone

CR2E034 (12/95)