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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000047828 (5)

1. Corporation Name

SOLARINE LEASING COMPANY

Principal Place of Business

2406 HARPER STREET
JACKSONVILLE FL 32204

Mailing Address

P.O. BOX 43250
JACKSONVILLE FL 32203-3250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

59-3321261

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALLS, NANCY F
2406 HARPER STREET
JACKSONVILLE FL 32204

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D/VP
NAME	FRANCIS, JAMES D	1.2 NAME	Francis, James D.
STREET ADDRESS	2406 HARPER STREET	1.3 STREET ADDRESS	2406 Harper Street
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	DVP	2.1 TITLE	President
NAME	RAY, J.G. JR	2.2 NAME	Peter R. Osterman, Jr.
STREET ADDRESS	2406 HARPER STREET	2.3 STREET ADDRESS	2406 Harper Street
CITY-ST-ZIP	JACKSONVILLE FL 32204	2.4 CITY-ST-ZIP	Jacksonville, FL 32204
TITLE	ST	3.1 TITLE	
NAME	FALLS, NANCY F	3.2 NAME	
STREET ADDRESS	2406 HARPER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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

PETER R. OSTERMAN, JR.,
PRESIDENT 4-17-98

(904) 356-5515

CR2E034 (10/97)