

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90081 020 ***150.00

DOCUMENT # P95000047828

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

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 7014 A C SKINNER PARKWAY

Suite, Apt. #, etc.
22 SUITE 290

City & State
23 JACKSONVILLE FL

Zip Country
24 32256 25 USA

2a. Mailing Address

26 7014 A C SKINNER PARKWAY

Suite, Apt. #, etc.
27 SUITE 290

City & State
28 JACKSONVILLE FL

Zip Country
29 32256 30 USA

9. Name and Address of Current Registered Agent

FALLS, NANCY F
2406 HARPER STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

ADDRESS CHANGE ONLY

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

7014 A C SKINNER PARKWAY SUITE 290

83

84 City

JACKSONVILLE

FL

85 Zip Code
32256

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

TITLE DVP ☐ DELETE
NAME FRANCIS, JAMES D
STREET ADDRESS 2406 HARPER ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE DVP ☐ DELETE
NAME RAY, J.G. JR
STREET ADDRESS 2406 HARPER STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ST ☐ DELETE
NAME FALLS, NANCY F
STREET ADDRESS 2406 HARPER STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE P ☒ DELETE
NAME OSTERMAN, PETER R JR
STREET ADDRESS 2406 HARPER ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290
1.4 CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290
2.4 CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 7014 A C SKINNER PARKWAY SUITE 290
3.4 CITY-ST-ZIP JACKSONVILLE FL 32256

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME P
4.3 STREET ADDRESS EDGE, AUBREY L
4.4 CITY-ST-ZIP 7014 A C SKINNER PARKWAY SUITE 290
JACKSONVILLE FL 32256

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Aubrey L. Edge

04/27/99

904/596-3200

CR2E034 (11/98)