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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

1. Corporation	MENT # P960 AKERS LEASING, INC.	00001319 (8)			JAN 1888 (1881 MINI 188 (1881	
Principal Place of Business		Mailing Address			181 H <b>aro</b> (1101 (1910 1911 180)	
9831 OLD LAKELAND HIGHWAY DADE CITY FL 33525		9931 OLD LAKELAND HIGHWAY DADE CITY FL 33525				
				12/29/1995	ite of Last Report	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59- 3370106	Applied For	
Suite Apt. #, etc.		<b>26</b>		31-3310106	Not Applicable  \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	·····	28		Trust Fund Contribution	Added to Fees	
Zιρ	Country	Zip	Country	8. This corporation has liability for intangible	tax under s. 199.032,	
24	9. Name and Address of C	29 urrent Registered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered	1 Agent	
			81 Name	To. Hamo Bild Address of New Hegisterer	a Agom	
OSBORNE	, HARRY K JR		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
38239 PEAR COURT			62 Street Addi	Street Address (F.O. Box Number is Not Acceptable)		
ZEPHYRH	ILLS FL 33541		83			
•			84 City		85 Zip Code	
•				ation submits this statement for the purpose of c	L     ·	
familiar with SIGNATUREs	n, and accept the obligations of,	Section 607.0505, Florida Statutes	S DÍE Pogradoust Ágard supatro megunda			
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
NAME	President.	☐ DÉLETE	1 THILE 12 NAME		Change Addition	
STREET ADDRESS	ROY L. GREEN	WALAND IFWY	13 STREE! ADDRESS			
CITY ST-ZP	PADE CITY, P	4 83525	14 CICY+S1 Zi2			
TITLE		DELETE	2.11014		Ctvange Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-Z.P			
TIJLF		☐ DELETE	3 1 LILE		Change Addition	
NAME STREET ADDRESS			3.2 NAME			
CITY-ST-ZP			3.3 STHEET ADDRESS 3.4 OTY-ST-ZIP			
TITLE		DELETE	4 1 T:TLE		Change Addition	
NAME		—	4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C)TY - ST - ZIP		.,	4.4 City-St-ZiP	8000017955	98	
TITLE		☐ DELETE	5 1 TITLE	<u> </u>	Thange Addition	
NAME			5.2 NAME	***600.00		
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - ST - ZiP		[7] DELETE	5.4 CHY-SI-ZIP		Career Claddice	
TITLE NAME		[] nereit	6 1 TITLE		Change Addition	
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		<b>り</b> ざい	
CITY-ST-ZIF			6.4 CHY SI-ZIF		,	
14. I do hereby	certify that the information supp	المراقبة ال	rished and does not qualify to	or the exemption stated in Section 119.07(3)(k), F	lor:da Statutes. I further	
oatn, mat i	am an officer or director <b>f</b> ill the <b>g</b>	fip fual regort or supplemental ann A posetrip or the receiver or truste Let on affattachment with an add	e empowered to execute this	ite and that my signature shall have the same legs s report as required by Chapter 607, Florida Statu	al effect as if made under ites; and that my name	

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR