

Jan 28 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000005716 (1)

1. Corporation Name  
L & S LEASING, INC.

Principal Place of Business

16800 HWY 22  
WEIRSDALE FL 32195

Mailing Address

P O BOX 157  
WEIRSDALE FL 32195-01573. Date Incorporated or Qualified  
01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 1719 N. CITRUS BLVD

Suite, Apt. #, etc.

22

City &amp; State

23 LEESBURG FL

Zip

24 34748

Country

25 LAKE

2a. Mailing Address

26 PO BOX 491040

Suite, Apt. #, etc.

27

City &amp; State

28 LEESBURG, FL

Zip

29 34749-1040

Country

30 LAKE

4. FEI Number

59-3386438

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C  
4655 SALISBURY RD  
SUITE 390  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

D.D. Lukich

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

1719 N. Citrus Blvd

83

84 City

LEESBURG

FL

85 Zip Code

34748

11. Pursuant to the provisions of Sections 607.005 and 607.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I, \_\_\_\_\_, Secretary of 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature type 3 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Director / Sect.

1-20-97

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETED  
NAME SCALES, KEY III  
STREET ADDRESS 16800 HWY 22  
CITY-ST-ZIP WEIRSDALE FL 321951.2 TITLE ☐ DELETE1.3 TITLE ☐ DELETE1.4 TITLE ☐ DELETE1.5 TITLE ☐ DELETE1.6 TITLE ☐ DELETE1.7 TITLE ☐ DELETE1.8 TITLE ☐ DELETE1.9 TITLE ☐ DELETE1.10 TITLE ☐ DELETE1.11 TITLE ☐ DELETE1.12 TITLE ☐ DELETE1.13 TITLE ☐ DELETE1.14 TITLE ☐ DELETE1.15 TITLE ☐ DELETE1.16 TITLE ☐ DELETE1.17 TITLE ☐ DELETE1.18 TITLE ☐ DELETE1.19 TITLE ☐ DELETE1.20 TITLE ☐ DELETE1.21 TITLE ☐ DELETE1.22 TITLE ☐ DELETE1.23 TITLE ☐ DELETE1.24 TITLE ☐ DELETE1.25 TITLE ☐ DELETE1.26 TITLE ☐ DELETE1.27 TITLE ☐ DELETE1.28 TITLE ☐ DELETE1.29 TITLE ☐ DELETE1.30 TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 TITLE ☐ Change ☒ Addition1.3 TITLE ☐ Change ☒ Addition1.4 TITLE ☐ Change ☒ Addition1.5 TITLE ☐ Change ☒ Addition1.6 TITLE ☐ Change ☒ Addition1.7 TITLE ☐ Change ☒ Addition1.8 TITLE ☐ Change ☒ Addition1.9 TITLE ☐ Change ☒ Addition1.10 TITLE ☐ Change ☒ Addition1.11 TITLE ☐ Change ☒ Addition1.12 TITLE ☐ Change ☒ Addition1.13 TITLE ☐ Change ☒ Addition1.14 TITLE ☐ Change ☒ Addition1.15 TITLE ☐ Change ☒ Addition1.16 TITLE ☐ Change ☒ Addition1.17 TITLE ☐ Change ☒ Addition1.18 TITLE ☐ Change ☒ Addition1.19 TITLE ☐ Change ☒ Addition1.20 TITLE ☐ Change ☒ Addition1.21 TITLE ☐ Change ☒ Addition1.22 TITLE ☐ Change ☒ Addition1.23 TITLE ☐ Change ☒ Addition1.24 TITLE ☐ Change ☒ Addition1.25 TITLE ☐ Change ☒ Addition1.26 TITLE ☐ Change ☒ Addition1.27 TITLE ☐ Change ☒ Addition1.28 TITLE ☐ Change ☒ Addition1.29 TITLE ☐ Change ☒ Addition1.30 TITLE ☐ Change ☒ Addition

14. I do 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 its 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1-20-97 352-7873511