

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000049247 (5)

1. Corporation Name
PIGPEN LEASING COMPANY

Principal Place of Business
5492 DEER CREEK DR
ORLANDO FL 32821

Mailing Address
5492 DEER CREEK DR
ORLANDO FL 32821-7629



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1996		3a. Date of Last Report	
21	523 19TH STREET	26	523 19TH STREET	4. FEI Number 59-3383306		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State ORLANDO, FL	27	City & State ORLANDO, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip 32805	28	Zip 32805	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country USA	29	Country USA				

9. Name and Address of Current Registered Agent

BRANDT, MARK R
5492 DEER CREEK DR
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name BRANDT, MARK R.
82 Street Address (P.O. Box Number is Not Acceptable)
83 521 19TH STREET
84 City ORLANDO FL 85 Zip Code 32805

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/S RONALD P. STEWART
STREET ADDRESS		1.3 STREET ADDRESS	521 19TH STREET
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	T MARK R. BRANDT
STREET ADDRESS		2.3 STREET ADDRESS	521 19TH STREET
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ORLANDO, FL 32805
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CURTIS D. CLARK	3.2 NAME	
STREET ADDRESS	105 FOXWOOD CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMEE, FLORIDA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

MARK R. BRANDT, Treasurer 4/18/97 407-8723115