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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90062 012 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000017487

1. Corporation Name  
SM-LEASING, INC.

Principal Place of Business  
351 6TH AVE W  
BRADENTON FL 34205

Mailing Address  
351 6TH AVE W  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

65-0732141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$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 9021 Town Center Pkwy  
Suite, Apt. #, etc.

2a. Mailing Address  
28 9021 Town Center Pkwy  
Suite, Apt. #, etc.

23 City & State  
BRADENTON, FL  
Zip Country

28 City & State  
BRADENTON, FL  
Zip Country

24 34202 25 MANATEE

29 34202 30 MANATEE

9. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L  
351 6TH AVE W  
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name Kimberly L. GRAUS

82 Street Address (P.O. Box Number is Not Acceptable)  
9021 Town Center Pkwy

83

84 City BRADENTON FL

85 Zip Code 34202

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 *Kimberly L. Graus*  
Signature typed or printed name of registered agent and title if applicable.

*Kimberly L. GRAUS* 3-30-99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME NEWSOME, JOHN S  
STREET ADDRESS 351 6TH AVE W  
CITY-ST-ZIP BRADENTON FL 34205

TITLE D ☐ DELETE  
NAME DOYLE, MICHAEL J  
STREET ADDRESS 351 6TH AVE W  
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D, P ☒ Change ☐ Addition  
1.2 NAME Newsome, John S  
1.3 STREET ADDRESS 9021 Town Center Pkwy  
1.4 CITY-ST-ZIP BRADENTON, FL. 34202

2.1 TITLE D, VP, S ☒ Change ☐ Addition  
2.2 NAME Doyle, Michael J.  
2.3 STREET ADDRESS 9021 Town Center Pkwy  
2.4 CITY-ST-ZIP BRADENTON, FL. 34202

3.1 TITLE AS ☐ Change ☒ Addition  
3.2 NAME GRAUS, Kimberly L.  
3.3 STREET ADDRESS 9021 Town Center Pkwy  
3.4 CITY-ST-ZIP BRADENTON, FL. 34202

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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: *Kimberly L. Graus* 3-30-99 (941) 747-8788  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)