

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90055 003 ***158.75

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1. Entity Name

MID-SOUTH LEASING, INCORPORATED



Principal Place of Business

**11841 BRADY RD
JACKSONVILLE FL 32223**

Mailing Address

**P.O. BOX 23928
JACKSONVILLE FL 32221**

2. Principal Place of Business

5902 PIER PLACE DR

3. Mailing Address

P.O. BOX 6475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE LAND, FLORIDA

City & State

LAKE LAND, FLORIDA

Zip

33813

Country

USA

Zip

33813

Country

USA

4. FEI Number

59-3583983

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMENT, LARRY T
11840 BRADY ROAD
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

LARRY T. DEMENT

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

5902 PIER PLACE/DRIVE

LAKE LAND

City

LAKE LAND

FL

Zip Code

33813

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **DEMENT, LARRY T**
STREET ADDRESS **11840 BRADY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **S** ☐ Delete
NAME **SMITH, SIDNEY S**
STREET ADDRESS **202 TRAFALGAR LANE**
CITY-ST-ZIP **CARY NC 27513**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **DEMENT LARRY T**
STREET ADDRESS **5902 PIER PLACE DR**
CITY-ST-ZIP **LAKE LAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry T. Dement - PRESIDENT

2-17-04

863-647-0067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #