FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S30535** **(6)**

1. Corporation Name

I.C. SYSTEMS LEASING, INC.

Principal Place of Business	Mailing Address
600 BYPASS DR STE 210 CLEARWATER FL 34624 US	600 BYPASS DR SUITE 210 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/01/1991
3a. Date of Last Report: 06/30/1994

2. Principal Place of Business	2a. Mailing Address
21 23494 US Hwy 19 N	26 23494 US Hwy 19 N
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater, FL	28 Clearwater, FL
24 Zip 34625 25 Country US	29 Zip 34625 30 Country US

4. FEI Number: 59-3109111 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BADGER, BERKLEY C.
600 BYPASS DR
SUITE 200
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: TONY R. WOODS
82 Street Address (P.O. Box Number is Not Acceptable): ~~11901 4th Street North, Apt 222~~
83 23494 U.S. Hwy 19 North
84 City: St Petersburg Clearwater FL 85 Zip Code: 34625

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] TONY R. WOODS, CEO 4/26/95
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BADGER, BERKLEY C.	1.2 NAME	BADGER, BERKLEY C.	
STREET ADDRESS	324 WESTGATE RD	1.3 STREET ADDRESS	600 Bypass Drive, Suite 210	
CITY-ST-ZIP	TARPON SPGS FL	1.4 CITY-ST-ZIP	Clearwater, FL ZIP 34624	
TITLE		2.1 TITLE	CEO+D,C	☐ Change ☒ Addition
NAME		2.2 NAME	TONY R. WOODS	
STREET ADDRESS		2.3 STREET ADDRESS	11901 4th Street North, Apt 222	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St Petersburg, FL 33716	
TITLE		3.1 TITLE	COO+D	☐ Change ☒ Addition
NAME		3.2 NAME	MARK A. BLAKEY	
STREET ADDRESS		3.3 STREET ADDRESS	80 SYCAMORE CT	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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] TONY R. WOODS 4/26/95 813-799-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CP