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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

937 BIRDWOOD OR **ORANGE PARK FL 32073**

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name S68610

BRADY LEASING SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

ORANGE PARK FL 32073

BRADY, DALE J. 937 BIRDWOOD DR

	15

Mailing Address 937 BIRDWOOD DR

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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27

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29

ORANGE PARK FL 32073

FILED Feb 20 1998 8:00am Secretary of State

		HI 01011 610	
	DO NOT WRITE	E IN THIS	SPACE
3.	Date Incorporated or Qualified		
	07/25/1991		
4.	FEI Number		Applied For
	59-3078439		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 owes or has paid the current/ear Intangible

Personal Property Tax due June 30.

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

10. Name and Address of New Registered Agent

Yes

	64	City	85	Zip Code
				L
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab	ove	e-named corporation submits this statement for the purpose	of chan	ging its registered
office or registered agent, or both, in the State of Florida. Such change was authorized	i by	the corporation's board of directors. I hereby accept the ap	pointm	ant as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State	utes	S.		

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Re	gistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	XELE T E	1.1 TITLE	☐ Change ☐ Addition
NAME	BRADY, DALE J		1.2 NAME	
STREET ADDRESS	937 BIRDWOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	
TITLE	§ □ □	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADY, PATRICIA A.		2.2 NAME	
STREET ADDRESS	937 BROWARD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL		2. 4 CiTY-ST-ZiP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME		1	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME		1	6.2 NAME	
STREET ADDRESS		1	6.3 STREET ADDRESS	
CITY-ST-ZIP			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 atlachment with an address.