

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S85788** (5)

1. Corporation Name

BAB LEASING, INC.



Principal Place of Business

**5051 BEAVER STREET
JACKSONVILLE FL 32205**

Mailing Address

**5051 BEAVER STREET
JACKSONVILLE FL 32205**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	Suite, Apt. #, etc.	
22	City & State		27	City & State	
23	Zip	Country	28	Zip	Country
24			29		30

9. Name and Address of Current Registered Agent

**BESSENT, JOHN O
2443 BEGONIA DR
MIDDLEBURG FL 32068**

81	None	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	85 Zip Code

11. Pursuant to the provisions of Sections 617.06(2) and 607.15(1), 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, Sections 617.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BESSENT, JOHN O	
STREET ADDRESS	2443 BEGONIA DRIVE	
CITY-STATE-ZIP	MIDDLEBURG FL	
TITLE	VD	☐ DELETE
NAME	ASBELL, ROBERT J	
STREET ADDRESS	2481 BEGONIA DRIVE	
CITY-STATE-ZIP	MIDDLEBURG FL	
TITLE	STD	☐ DELETE
NAME	BYERS, TERRENCE R	
STREET ADDRESS	9600 GLENN ABBEY WAY	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-STATE-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-STATE-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-STATE-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not comply for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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:

Robert J. Asbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. ASBELL

3/26/96 904-388-2256

CR2E034 (12/95)