

FILE NOW: FILING FEE AFTER MAY 1 1995 \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S93268 (8)

1. Corporation Name

KMC LEASING CORPORATION

Principal Place of Business

100 THORNHILL ROAD
AUBURNDALE FL 33823

Mailing Address

100 THORNHILL ROAD
AUBURNDALE FL 33823

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1991

3a. Date of Last Report

08/08/1994

4. FEI Number

59-3083111

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. 190.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGOE, JOHN G
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480

81 Name

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

83

84 City

FL

85 Zip Code

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

(If Registered Agent signature required, attach separate page)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KILBY, GERALD E.
STREET ADDRESS	100 THORNHILL RD
CITY - ST - ZIP	AUBURNDALE FL
TITLE	DC
NAME	MACMEEKIN, JAMES W., III
STREET ADDRESS	100 THORNHILL RD
CITY - ST - ZIP	AUBURNDALE FL
TITLE	DST
NAME	COLE, KENNETH R., JR.
STREET ADDRESS	100 THORNHILL RD
CITY - ST - ZIP	AUBURNDALE FL
TITLE	V
NAME	SPARKS, BRUCE M
STREET ADDRESS	100 THORNHILL RD
CITY - ST - ZIP	AUBURNDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	No longer an Officer or Director
13 STREET ADDRESS	(PLEASE DELETE)
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☒ Change ☐ Addition
42 NAME	No longer Officer or Director
43 STREET ADDRESS	(PLEASE DELETE)
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 190.032(3)(b), 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:

James W. MacMeekin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number