

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90003 003 ***150.00

DOCUMENT # 164604

1. Corporation Name

AUTOLEASE CORPORATION OF FLORIDA

Principal Place of Business

701 FISK STREET
SUITE 310
JACKSONVILLE FL 32204

Mailing Address

701 FISK STREET
SUITE 310
JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1951

4. FEI Number

59-6081090

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAWRENCE M. MATHENY JR & PAMELA L. WIKER
701 FISK STREET
2ND FLOOR
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE

NAME **MCRAE, W.A. JR.**
STREET ADDRESS **1725 MEMORIAL PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ DELETE

NAME **GRAHAM JR., HENRY H.**
STREET ADDRESS **1725 MEMORIAL PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CD** ☒ DELETE

NAME **SCOTT, JACK L.**
STREET ADDRESS **1725 MEMORIAL PARK DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☒ DELETE

NAME **GLOVER, T. ALLEN**
STREET ADDRESS **701 FISK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE

NAME **OLIVE, WILLIE MASON J**
STREET ADDRESS **5203 WATERSIDE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **HERZOG, GERALD W.**
STREET ADDRESS **701 FISK ST**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition

1.2 NAME **McRae, Walter A. Jr.**
1.3 STREET ADDRESS **1725 Memorial Park Dr.**
1.4 CITY-ST-ZIP **Jacksonville, LF 32204**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **STD** ☐ Change ☒ Addition

3.2 NAME **Matheny, Lawrence M. Jr.**
3.3 STREET ADDRESS **701 Fisk St., Ste. 200**
3.4 CITY-ST-ZIP **Jacksonville, FL 32204**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
H. Graham, Jr. 3/22/99 904-354-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)