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APPROVED
AND
FILED

1999 AUG 20 PM 4: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 433822

1. Corporation Name
BARNETT LEASING COMPANY

Principal Place of Business

112 W ADAMS ST
JACKSONVILLE FL 32202
US

Mailing Address

50 NORTH LAURA ST
ATTN REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1973

4. FEI Number

59-1482616

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. P. 401 N TRYON ST
CHARLOTTE NC 28255

2a. 401 N TRYON ST
CHARLOTTE NC 28255

23. City & State

27. City & State

24. Zip Country

28. Zip Country

9. Name and Address of Current Registered Agent

ENGLAND, GARY W
50 NORTH LAURA ST
MAIL CODE 069-000-0907
JACKSONVILLE FL 32202

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 file if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DC
DEWEY, ROBERT H III
50 NORTH LAURA ST
JACKSONVILLE FL

401 N TRYON ST
CHARLOTTE NC 28255

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP
RUTLEDGE, VANCE H.
112 W ADAMS ST
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
WILCOX, VICTORIA G.
50 N LAURA STREET
JACKSONVILLE FL 32202

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
LOGAN, JOHN B
412 W ADAMS ST
JACKSONVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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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:

Duane L. Smith

DUANE L. SMITH, VP

4/23/99

704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

AD