

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90073 028 \*\*\*150.00

0538092

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000055008**

1. Corporation Name  
**ONLINE LEASING COMPANY, INC.**



Principal Place of Business  
**250 W PINE AVE. STE C  
 CRESTVIEW FL 32536**

Mailing Address  
**250 W PINE AVE. STE C  
 CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/18/1998**

4. FEI Number  
**59-3522284**

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 **120-Willing St.**  
 Suite, Apt. #, etc.

22  
 City & State  
 23 **Milton FL**

24 Zip **32570** 25 Country **USA**

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.

27  
 City & State

28 Zip **32570** 29 Country **USA** 30

9. Name and Address of Current Registered Agent  
**CAMPBELL, ALAN R  
 250 W PINE AVE, STE C  
 CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81 Name **Campbell, Alan R**

82 Street Address (P.O. Box Number is Not Acceptable)  
**120 Willing St.**

83

84 City **Milton** FL 85 Zip Code **32570**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HUNSICKER, DON	
STREET ADDRESS	7362 BAIN DR	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAMPBELL, ALAN R	
STREET ADDRESS	250 W PINE AVE, STE C	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Campbell, Alan R	
2.3 STREET ADDRESS	120 Willing St.	
2.4 CITY-ST-ZIP	Milton, FL 32570	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Don Hunsicker 4/30/99 850-626-1040  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)