

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL -1 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 218853

(0)

1. Corporation Name

PASCO CAR LEASING INC

Principal Place of Business

Mailing Address

14341 7TH STREET  
DADE CITY FL 33523

P.O. BOX 67  
DADE CITY FL 33526-0067

3. Date Incorporated or Qualified  
01/02/1959

3a. Date of Last Report  
4/22/96

4. FEI Number

Applied For

59-0999998

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. 199.032,  
Florida Statutes

☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWSOME, BARNEY R.  
14341 7th Street  
DADE CITY, FL 33523

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NEWSOME, BARNEY R.  
STREET ADDRESS 14341 7th Street  
CITY-ST-ZIP DADE CITY, FL 33523-0067

TITLE AVP  
NAME NEWSOME, BARNEY D.  
STREET ADDRESS 2102 E. NEWSOME RD.  
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE SD  
NAME MUDGE, SUE  
STREET ADDRESS 4744 19TH ST.  
CITY-ST-ZIP ZEPHYRHILLS, FL 33540

TITLE DT  
NAME HAUFF, LEROY D  
STREET ADDRESS 13436 14TH ST  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE V  
NAME NEWSOME, PATRICIA C.  
STREET ADDRESS 14341 7th Street  
CITY-ST-ZIP DADE CITY, FL 33523

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP 800002231558-6

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP -07/07/97-01028-016  
\*\*\*\*165.00 \*\*\*\*165.00

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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

SIGNATURE: BARNEY R. NEWSOME

PRESIDENT

Barney R. Newsome (352) 567-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)