

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 219225 (0)

1. Corporation Name  
WESTERN LEASING, INC.

Principal Place of Business  
1858 MONROE DR NE  
ATLANTA GA 30324

Mailing Address  
1858 MONROE DR NE  
ATLANTA GA 30324-4844



2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
12/14/1971

3a. Date of Last Report  
05/01/1996

4. FEI Number  
58-0828024

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

9. Name and Address of Current Registered Agent

WATKINS, JOHN F  
1120 W GRIFFIN RD  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	READY, GEORGE W JR	STREET ADDRESS	1958 MONROE DR NE	CITY-ST-ZIP	ATLANTA, GA 00000	<input type="checkbox"/> DELETE
TITLE	PD	NAME	WATKINS, JOHN F	STREET ADDRESS	1144 W GRIFFIN RD	CITY-ST-ZIP	LAKELAND, FL 00000	<input type="checkbox"/> DELETE
TITLE	D	NAME	WATKINS, BILL	STREET ADDRESS	1144 W GRIFFIN RD	CITY-ST-ZIP	LAKELAND, FL 00000	<input type="checkbox"/> DELETE
TITLE	VO	NAME	FREEMAN, WILLIAM A	STREET ADDRESS	1958 MONROE DR NE	CITY-ST-ZIP	ATLANTA, GA 00000	<input type="checkbox"/> DELETE
TITLE	VP	NAME	WATKINS, MICHAEL L	STREET ADDRESS	1958 MONROE DR NE	CITY-ST-ZIP	ATLANTA GA	<input type="checkbox"/> DELETE
TITLE	VP	NAME	WATKINS, JOHN C	STREET ADDRESS	1144 W GRIFFIN RD	CITY-ST-ZIP	LAKELAND FL	<input type="checkbox"/> DELETE

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: George W. Ready Jr DATE: 4/22/97 DAYTIME PHONE #: 404/872-3841  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR