

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 333740 (9)

1. Corporation Name

GATOR AUTO LEASING, INC.



Principal Place of Business

3535 N MAIN STREET
GAINESVILLE FL 32609

Mailing Address

3535 N MAIN STREET
GAINESVILLE FL 32609

3. Date Incorporated or Qualified 08/13/1968	3a. Date of Last Report 02/28/1995
4. FEI Number 59-1264246	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 has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

HAWES, T J
3535 N MAIN STREET
GAINESVILLE FL 32601

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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	S	1.1 TITLE	☐ Change ☐ Addition
2. NAME	HAWES, T J	2.1 NAME	
3. STREET ADDRESS	3535 N MAIN STREET	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	GAINESVILLE FL	4.1 CITY, ST, ZIP	
5. TITLE	D	5.1 TITLE	☐ Change ☐ Addition
6. NAME	HAWES, PANSY	6.1 NAME	
7. STREET ADDRESS	3535 N MAIN STREET	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	GAINESVILLE FL	8.1 CITY, ST, ZIP	
9. TITLE	PD	9.1 TITLE	☐ Change ☐ Addition
10. NAME	HARPE, ED	10.1 NAME	
11. STREET ADDRESS	3525 N W 11TH AVE	11.1 STREET ADDRESS	
12. CITY, ST, ZIP	GAINESVILLE FL	12.1 CITY, ST, ZIP	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY, ST, ZIP	
17. TITLE		17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this filing is what my furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W HARPE PD

2/12/96

904 372-2561

CR2E034 (12/95)