

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 # 377986 (5)

1. Corporation Name

ENTERPRISE LEASING COMPANY OF ORLANDO



Principal Place of Business

Mailing Address

XXXXXX  
600 CORPORATE PARK DR  
ST LOUIS MO 63105  
US

XXXXXX  
35 HUNTER AVE  
ST LOUIS MO 63124  
US

2. Principal Place of Business

2a. Mailing Address

21 7652 Narcoossee Road  
Suite, Apt. #, etc.

26 c/o John T. O'Connell  
600 Corporate Park Drive

City & State

City & State

23 Orlando, FL

28 St. Louis, MO

Zip  
24 32822

Country

Zip  
29 63105

Country

30

3. Date Incorporated or Qualified

02/24/1971

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1356140

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAVIK, DENNIS W.  
3909 W HILLSBOROUGH AVE  
TAMPA FL 33614

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 signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME TAYLOR, A C  
STREET ADDRESS 1147 LOG CABIN LANE  
CITY-ST-ZIP ST LOUIS, MO 00000

TITLE ☒ DELETE

NAME ~~XXXXXX~~  
STREET ADDRESS ~~XXXXXX~~  
CITY-ST-ZIP ~~XXXXXX~~

TITLE ☐ DELETE

NAME ~~ROSS, D L~~  
STREET ADDRESS 49 MUIRFIELD  
CITY-ST-ZIP CREVE COEUR, MO 00000

TITLE ☒ DELETE

NAME ~~TAYLOR, A C~~  
STREET ADDRESS 201 S. MONKIGHT  
CITY-ST-ZIP ST LOUIS, MO 00000

TITLE ☐ DELETE

NAME BURRELL, JAMES D.  
STREET ADDRESS ~~XXXXXX~~  
CITY-ST-ZIP ~~XXXXXX~~

TITLE ☒ DELETE

NAME ~~JOHN T. O'CONNELL~~  
STREET ADDRESS ~~XXXXXX~~  
CITY-ST-ZIP ~~XXXXXX~~

14. I do hereby certify that the information supplied with this filing is voluntarily 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

4-23-96

Date

314-512-5000

Daytime Phone #

CR2E034 (12/95)