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Feb 03 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 # 477944 (3)

1. Corporation Name

TRANSPORTATION LEASING, INC. OF TAMPA

Principal Place of Business

Mailing Address

110 NORTH MAGNOLIA STREET, SUITE 105
TALLAHASSEE FL 32301

110 NORTH MAGNOLIA STREET, SUITE 105
TALLAHASSEE FL 32301-2636



2. Principal Place of Business

2a. Mailing Address

21 3002 GRAHAM LN

26 P.O. BOX 272760

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAMPA FL

27 TAMPA FL

City & State

City & State

23 33618 HILLBOROUGH

28 33688 HILLBOROUGH

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/16/1975

02/09/1996

4. FEI Number

Applied For

59-1602961

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

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name JOHN WILLIAM PAPESCH

82 Street Address (P.O. Box Number is Not Acceptable)

3002 GRAHAM LANE

83

84 City TAMPA

FL

85 Zip Code 33618

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, type or print name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD
NAME PAPESCH, JOHN W JR.
STREET ADDRESS 130 MEADOWHILL LANE
CITY-ST-ZIP CHAGRIN FALLS OH

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

John W Papesch Jr Pres. 1/31/97 216 831 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)