

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90029 014 ***150.00

DOCUMENT # 529368

1. Corporation Name

ATLAS TRAILER LEASING, INC.

Principal Place of Business

1501 S.E. DECKER AVENUE
SUITE A-104
STUART FL 34994

Mailing Address

1501 S.E. DECKER AVENUE
SUITE A-104
STUART FL 34994

2. Principal Place of Business

2a. Mailing Address

21 5027 S.W. ELK RIVER CT 26 P.O. Box 1871
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

23 PALM CITY, FL. 28 PALM CITY FL.
City & State City & State

24 34990 25 MARTIN 29 34991 30 MARTIN
Zip Country Zip Country

9. Name and Address of Current Registered Agent

BUTLER, JAMES J., ESQUIRE
821 EAST OCEAN BLVD.
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1977

4. FEI Number

59-1740341

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME DAVIS, JAMES N., III
STREET ADDRESS 5027 SW ELK RIVER CT
CITY-ST-ZIP PALM CITY FL

TITLE SD
NAME DAVIS, LINDA
STREET ADDRESS 5027 SW ELK RIVER CT
CITY-ST-ZIP PALM CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: JAMES N. DAVIS III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99
Date

800-696-3959
Daytime Phone #

0514567

CR2E034 (11/98)