

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **620053** (9)

1. Corporation Name
TANIS LEASING COMPANY



Principal Place of Business: **968 PONDELLA RD N FT MYERS FL 33903 US**
Mailing Address: **757 N. ELDRIDGE HOUSTON TX 77079**

3. Date Incorporated or Qualified: **04/11/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1896611**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	CLARK, NEIL H JR.	
STREET ADDRESS	8607 ROBERTS DRIVE	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	V	<input type="checkbox"/>
NAME	STONE, WALTER W	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VSD	<input type="checkbox"/>
NAME	BURGER, GERALD K	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	VT	<input type="checkbox"/>
NAME	HIRVELA, HENRY L	
STREET ADDRESS	757 N. ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	
TITLE	V	<input type="checkbox"/>
NAME	WISNEWSKY, RICHARD L	
STREET ADDRESS	8607 ROBERTS DRIVE	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE	AS	<input type="checkbox"/>
NAME	SCHULER, EILEEN B	
STREET ADDRESS	757 N ELDRIDGE	
CITY-ST-ZIP	HOUSTON TX 77079	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Olson, William H.		
2.3 STREET ADDRESS	757 N. Eldridge		
2.4 CITY-ST-ZIP	Houston, TX 77079		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Long, Ronald E.		
4.3 STREET ADDRESS	757 N. Eldridge		
4.4 CITY-ST-ZIP	Houston, TX 77079		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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***200.00

Handwritten initials

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

William H. Olson/Vice President 713 870 8100
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)