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 # 1. Corporation Name

620053

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TANIS	I CA	CINC	004	4DA	NV
LANIS	IFA	NINL:	LUM	лги	NI

TANIS	LEASING COMPANY					
Principal Place	of Business	Mailing Address				I HORNE BUND FORM OF HE STEEL BUILD BUSINESS OF THE FIGUR BUSINESS OF THE FESTIVATION OF THE STEEL STE
			7 n. eldridge Duston TX 77079			
33						3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Addr	ess			4. FEI Number Applied For
21		26				59-1896611 Not Applicable
Suite, Apt. #, etc. Suite. Apt. #, etc. 27		, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23					Trust Fund Contribution Added to Fees	
Ζιρ	Country	Zip	<u></u> ₁	Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Currer	29	30	30		Florida Statutes 🔀 Yes 🗌 No
	g. Name and Address of Curren	iit negistered Agent		81	Name	10. Name and Address of New Registered Agent
C T CO	RPORATION SYSTEM					
	OUTH PINE ISLAND ROAD			82	Street /	t Address (P.O. Box Number is Not Acceptable)
	TION FL 33324			83		
				84	Çıty	■■ 85 Zip Code
					,	FL '
11. Pursuant to or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori	2 and 607.1503, Florid ida. Such change was	la Statutes, the abo authorized by the o	ve n xorpx	samed oc oration's	corporation submits this statement for the purpose of changing its registered office is board of directors. Thereby accept the appointment as registered agent. I am
familiar wit	h, and accept the obligations of, Sect	tiori 607.0505, Florida	Statutes.			
SIGNATURE _	Signature: typed or printed name of registered agric	t and the diagonicania	NOD Bac≼torac	Δ	d Same at a com-	c exautest whisi realistation() DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р	☐ DEI	ETE 1 1 T	TLF		Change Addition
NAME CLARK, NEIL H JR.			12 <i>N</i>	1.2 NAMe		
STREET ADDRESS 8607 ROBERTS DRIVE			1.3 \$1	1.3 STREET ADDRESS		
CITY - ST - ZIP	ATLANTA GA 30350			1.4 CHY - ST - ZIP		
TITLE	V CTONE WAITED W	DEL		2 1 FIFLE		V Change Addition
NAME STREET ADDRESS	Stone, Walter W 757 N. Eldridge			2.2 NAME		Olson, William H.
City-St-ZIP	HOUSTON TX 77079			2.3 S1R6£ f / 2.4 C(TY - ST		707 11. E1 11 10gC
TITLE	VSD	DEL			1-214	Houston, TX 77079
NAME	BURGER, GERALD K			3.2 NAME		
STREET ADDRESS	757 N. ELDRIDGE		33.5	IBEET	ADDRESS	5
CITY - ST - ZIP	HOUSTON TX 77079		3.4 CI	TY-SI	T - ZIP	
THILE	VT	DEI	ETE 4 1 TI	4 1 1111.8		nc tibbA 🔲 sgnsid 💢
NAME	HIRVELA, HENRY L		: 42N	MĚ		Long, Ronald E.
STREET ADDRESS	757 N. ELDRIDGE		4351	REET.	ADDRESS	· · · · · · · · · · · · · · · · · · ·
CITY - ST - ZIP	HOUSTON TX 77079			4.4 CiTY - ST - ZIP		Houston, TX 77079
TITLE	V	☐ DEL		5 1 HICE		Change Addition
NAME CIRCLI ADDRESS	WISNIEWSKY, RICHARD L 8607 ROBERTS DRIVE		52 NA		******	700001808\717
STREET ADDRESS	ATLANTA GA 30350			5.3 STREET ADDRESS		-05/06/960103 7 -037
CITY-ST-ZIP TITLE	AS	☐ D£ı		54 CHY+ST+ZIP 6-11HUE		***200.00 Crange Addition
NAME	SCHULER, EILEEN B	_ >60	62 N/			C. 1
STREET ADDRESS	757 N ELDRIDGE				ADDRESS	J & 6
CITY-ST-ZIP	HOUSTON TX 77079		64 CI			
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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 33 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND THE DOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William H. Olson/Vice Praident 713 870 8100