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FILED

Jan 14 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 # **638572** (8)

1. Corporation Name
TALMAC LEASING, INC.

Principal Place of Business
**4740 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304**

Mailing Address
**4740 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304-9005**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FARRAN, BILLY W.
4740 BLOUNTSTOWN HWY
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified

10/04/1979

3a. Date of Last Report

01/25/1996

4. FEI Number

59-1939796

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

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Billy W. Farran*, **BILLY W. FARRAN, Vice-President**

01-15-97

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **THOMAS, MARK A.**
STREET ADDRESS **4740 BLOUNTSTOWN HWY**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **VPT** ☐ DELETE
NAME **FARRAN, BILLY W.**
STREET ADDRESS **4740 BLOUNTSTOWN HWY.**
CITY - ST - ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Delete S ADD C** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME **S**
33 STREET ADDRESS **PITTS, Michael J.**
34 CITY - ST - ZIP **4740 BLOUNTSTOWN HWY**
TALLAHASSEE, FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: *Billy W. Farran*, **BILLY W. FARRAN**

01-15-97

904.575.8655

CR2E034 (9/96)