

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

FILED

Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **826969** (8)
1. Corporation Name
ROLLINS LEASING CORP.



Principal Place of Business ONE ROLLINS PLAZA P.O. BOX 1791 WILMINGTON DE 19899	Mailing Address ONE ROLLINS PLAZA P.O. BOX 1791 WILMINGTON DE 19899-1791
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/02/1971	3a. Date of Last Report 01/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 23-1736091	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEET, J. CARLISLE I		1.2 NAME BROWN, I LARRY	
STREET ADDRESS ONE ROLLINS PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETT, J CARLISLE III		2.2 NAME PEET, J. CARLISLE III	
STREET ADDRESS ONE ROLLINS PLAZA		2.3 STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE		2.4 CITY-ST-ZIP	
TITLE VPCO	<input type="checkbox"/> DELETE	3.1 TITLE V/P. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCAUGHAN, JAMES W.		3.2 NAME MCCAUGHAN, JAMES W.	
STREET ADDRESS ONE ROLLINS PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURR, DAVID F.		4.2 NAME	
STREET ADDRESS ONE ROLLINS PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP WILMINGTON DE		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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 in an attachment with an address.

SIGNATURE:  DATE: **3/24/97** DAYTIME PHONE: **302 426 2832**

CR2E034 (9/96)