

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **857526** (8)
1. Corporation Name
FIRE LEASING COMPANY



Principal Place of Business
**1601 QUEENS RD. WEST
CHARLOTTE NC 28207**

Mailing Address
**1601 QUEENS RD. WEST
CHARLOTTE NC 28207**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1983		3a. Date of Last Report 03/06/1995	
21		26		4. FEI Number 56-1065300		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24		29		7. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASH, III, F.A.	1.2 NAME	
STREET ADDRESS	1601 QUEENS RD WEST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, J.L.	2.2 NAME	
STREET ADDRESS	105 FAIRWAY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MILL SC	2.4 CITY - ST - ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CASH, F A	3.2 NAME	
STREET ADDRESS	1601 QUEENS RD WEST	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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

Date:

Daytime Phone #

CR2E034 (12/95)