SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:17

DOCUMENT # F94000004254 (8)

1. Corporation Name

PROFESSIONAL AUTO LEASING, INC.

Principal Place of Business	Mailing Address
2706 S. HORSESHOE DR. STE. 226 NAPLES FL 33942	2706 S. HORSESHOE DR. STE. 226 NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1994	3a. Date of Last Report: 08/17/1994
4. FEI Number: 41-1341318	☐ 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
9. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1460 GOLDEN GATE PARKWAY	26 1460 GOLDEN GATE PARKWAY
Suite, Apt. #, etc.: 22 SUITE 110	Suite, Apt. #, etc.: 27 SUITE 110
City & State: 23 NAPLES, FLORIDA	City & State: 28 NAPLES, FLORIDA
Zip: 24 33942 County: 25 COLLIER	Zip: 29 33942 County: 30 COLLIER

9. Name and Address of Current Registered Agent

BUTZ, THOMAS E
2706 S. HORSESHOE DR. SUITE 226
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: THOMAS E. BUTZ
82 Street Address (P.O. Box Number is Not Acceptable): 1460 GOLDEN GATE PARKWAY SUITE 110
83
84 City: NAPLES FL 85 Zip Code: 33942

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: _____ THOMAS E. BUTZ JUNE 9, 1995
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	P	☒ Change ☐ Addition
NAME	TANNER, JOHN T	12 NAME	TANNER, JOHN T.	
STREET ADDRESS	703 WEST WASHINGTON	13 STREET ADDRESS	703 WEST WASHINGTON	
CITY ST ZIP	BRAINERD MN 56401	14 CITY ST ZIP	BRAINERD, MN 56401	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	GUSTAFSON, GLEN	22 NAME	BUTZ, THOMAS E.	
STREET ADDRESS	703 WEST WASHINGTON	23 STREET ADDRESS	1460 GOLDEN GATE PARKWAY #110	
CITY ST ZIP	BRAINERD MN 56401	24 CITY ST ZIP	NAPLES, FLORIDA 33942	
TITLE	D	31 TITLE	S	☒ Change ☐ Addition
NAME	MOHLER, IDABELL	32 NAME	MOHLER, IDABELL	
STREET ADDRESS	703 WEST WASHINGTON	33 STREET ADDRESS	703 WEST WASHINGTON	
CITY ST ZIP	BRAINERD MN 56401	34 CITY ST ZIP	BRAINERD, MN 56401	
TITLE	D	41 TITLE	T	☒ Change ☐ Addition
NAME	TANNER, WENDY	42 NAME	TANNER, WENDY	
STREET ADDRESS	703 WEST WASHINGTON	43 STREET ADDRESS	703 WEST WASHINGTON	
CITY ST ZIP	BRAINERD MN 56401	44 CITY ST ZIP	BRAINERD, MN 56401	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: _____ THOMAS E. BUTZ JUNE 9, 1995 941-643-4225
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0105126 CP