

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 # F95000001196 (3)

1. Corporation Name

ATLANTIC NATIONAL LEASING CORPORATION



Principal Place of Business

P.O. BOX 61000
CHARLESTON SC 29419

Mailing Address

P.O. BOX 61000
CHARLESTON SC 29419

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

DYMERSKI, DERIC
1200 S.W. 60TH AVE.
OCALA FL 32678

4. FEI Number

57-0717681

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

P
NAME: HARTON, DEAN
STREET ADDRESS: 4620 LAZY CREEK LN.
CITY-ST-ZIP: WADMALAW ISLAND SC 29487

1.2 TITLE ☐ DELETE

V
NAME: THRIFT, BILL
STREET ADDRESS: P.O. BOX 137 N/A
CITY-ST-ZIP: FOLLY BEACH SC 29439

1.3 TITLE ☐ DELETE

S
NAME: HARTON, CYNTHIA A
STREET ADDRESS: 4620 LAZY CREEK LN.
CITY-ST-ZIP: WADMALAW ISLAND SC 29487

1.4 TITLE ☐ DELETE

T
NAME: STRICKLAND, TERRY
STREET ADDRESS: 14 S. HAMPTON DR.
CITY-ST-ZIP: CHARLESTON SC 29407

1.5 TITLE ☐ DELETE

D
NAME: STRICKLAND, VERNON B
STREET ADDRESS: 2 TOWN CREEK
CITY-ST-ZIP: CHARLESTON SC 29407

1.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

3/5/96 803-797-8444

Date

Daytime Phone #

CR2E034 (12/95)