FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 21 1997 8:00am
Secretary of State

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 29419-1000

3. Date Incorporated or Qualified: **03/13/1995**
3a. Date of Last Report: **03/13/1996**

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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

9. **Name and Address of Current Registered Agent**
DYMERSKI, DERIC
1200 S.W. 60TH AVE.
OCALA FL 32678

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 ✓ Bill Thrift V.P. (NOTE: Registered Agent signature required when reinstating) DATE 3/12/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARTON, DEAN		1.2 NAME	
STREET ADDRESS	4620 LAZY CREEK LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP	WADMALAW ISLAND SC 29487		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THRIFT, BILL		2.2 NAME	
STREET ADDRESS	P.O. BOX 137 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP	FOLLY BEACH SC 29439		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTON, CYNTHIA A		3.2 NAME	
STREET ADDRESS	4620 LAZY CREEK LN.		3.3 STREET ADDRESS	
CITY-ST-ZIP	WADMALAW ISLAND SC 29487		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, TERRY		4.2 NAME	
STREET ADDRESS	14 S. HAMPTON DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29407		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STRICKLAND, VERNON B		5.2 NAME	
STREET ADDRESS	2 TOWN CREEK		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON SC 29407		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	

CR2E034 (9/96)

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: Bill Thrift BILL THRIFT 3/12/97 803-797-8484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010769