

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90107 025 ***150.00

DOCUMENT # F95000001196

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME HARTON, TD
1.3 STREET ADDRESS PO BOX 525
1.4 CITY-ST-ZIP WINSTON-SALEM, NC 27102-0525

2.1 TITLE SVP ☒ Change ☐ Addition
2.2 NAME THRIFT, BILL
2.3 STREET ADDRESS PO BOX 525
2.4 CITY-ST-ZIP WINSTON-SALEM, NC 27102-0525

3.1 TITLE VPS ☐ Change ☒ Addition
3.2 NAME LEDFORD, GREGORY
3.3 STREET ADDRESS 1001 PENNSYLVANIA AVENUE
3.4 CITY-ST-ZIP WASHINGTON, DC 20004-2505

4.1 TITLE VCFO SECRETARY ☐ Change ☒ Addition
4.2 NAME JAMES F. FLORENCE
4.3 STREET ADDRESS PO BOX 525
4.4 CITY-ST-ZIP WINSTON-SALEM, NC 27102-0525

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)