

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  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90093 045 \*\*\*150.00

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DOCUMENT # F95000002797

1. Corporation Name

APPLEWAY EQUIPMENT LEASING, INC.

Principal Place of Business

E. 8500 SPRAGUE AVE  
SPOKANE WA 99212

Mailing Address

E. 8500 SPRAGUE AVE  
SPOKANE WA 99212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1995

4. FEI Number

91-0980203

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

21 8414 E SPRAGUE AVENUE

Suite, Apt. #, etc.

2a. Mailing Address

26 P O Box 13098

Suite, Apt. #, etc.

City & State

23 Spokane, WA

Zip

24 99212

Country

25 USA

City & State

28 Spokane, WA

Zip

29 99213

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

TITLE DC  
NAME PRING, TIMOTHY S  
STREET ADDRESS E 7706 WOODVIEW  
CITY-ST-ZIP SPOKANE WA 99212

TITLE DVCP ☐ DELETE  
NAME PRING, BRADLEY T  
STREET ADDRESS E 7925 GUNNING DR  
CITY-ST-ZIP SPOKANE WA 99212

TITLE DVP ☒ DELETE  
NAME FLAHERTY, RAY J  
STREET ADDRESS E 10317 FERRETT DR  
CITY-ST-ZIP SPOKANE WA 99206

TITLE D ☐ DELETE  
NAME KLOTZ, MICHAEL R  
STREET ADDRESS W 2005 TONI RAE  
CITY-ST-ZIP SPOKANE WA 99218

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

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 Director Treasurer ☐ Change ☒ Addition  
3.2 NAME OWSLEY, KIRK M  
3.3 STREET ADDRESS 12707 NORTH MUZZY ROAD  
3.4 CITY-ST-ZIP NEWMAN LAKE, WA 99025

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 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, with all other like empowered.

SIGNATURE:

*Bradley T. Pring*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley T. Pring Sec

01-05-99

Date

509 927-1288

Daytime Phone #

CR2E034 (1/98)