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**PROFIT** CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000001530 (1)

Principal Place of Business Mailing Address 217 CENTRAL 217 CENTRAL PONTIAC MI 48341 PONTIAC MI 48341

## **FILED** Apr 09 1998 8:00am Secretary of State

HYNES LEASING CORPORATION DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/25/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1889 Royal Lytham Ct. 38-3146706 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State Daytona Beach, FL 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible XX Yes ☐ No 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Steven A. Rahm Dennis R. Hynes 210 CESSNA BLVD., #C Street Address (P.O. Box Number is Not Acceptable)
210 Cessna Blvd. # C 82 **DAYTONA BEACH FL 32124** 83 64 City Daytona Beach 32124 7.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered late of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered bignitions of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) S AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE HYNES, DENNIS R NAME 1.2 NAME 217 CENTRAL STREET ADDRESS 1.3 STREET ADDRESS PONTIAC MI 48341 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 Titt F KRANZ, TARA NAME 2.2 NAME 217 CENTRAL STREET ADDRESS 2.3 STREET ADDRESS PONTIAC MI 48341 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 5.1 TITLE Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS -CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 supplymental 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 of the receiver or trustoc empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for an attachment with an address

SIGNATURE: