APR-28-'99 WED 14:43 ID:EHLEN HELDMAN & CO. TEL NO:31

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06-09-1999 90020 041 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F97000004790**

1. Corporation Name
C.M.T. LEASING, INCORPORATED

[redacted]

Principal Place of Business	Mailing Address
~~229 A-AMERICA PLACE~~ JEFFERSONVILLE IN 47130	~~229 A-AMERICA PLACE~~ JEFFERSONVILLE IN 47130
2807 Sable mill LANE	P.O. BOX 1274

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1997

2. Principal Place of Business	2a. Mailing Address
21 2807 Sable Mill Lane	26 2807 Sable Mill Lane
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jeffersonville, IN	City & State 28 Jeffersonville, IN
Zip 24 47130 Country 25 USA	Zip 29 47130 Country 30 USA

4. FEI Number: 35-1913669 ☐ 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

9. Name and Address of Current Registered Agent

DAVIS, MARSHALL D
223 E. BAY ST., #820
JACKSONVILLE FL 32202

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	POC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addi
NAME	ROY, JAMES G		1.2 NAME		
STREET ADDRESS	229 A-AMERICA PLACE		1.3 STREET ADDRESS	2807 Sable Mill Lane	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addi
NAME	STIDHAM, CHARLES D		2.2 NAME		
STREET ADDRESS	229 A-AMERICA PLACE		2.3 STREET ADDRESS	2807 Sable Mill Lane	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addi
NAME	ROY, TERRY A		3.2 NAME		
STREET ADDRESS	229 A-AMERICA PLACE		3.3 STREET ADDRESS	2807 Sable Mill Lane	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addi
NAME	CODY, KENNETH W		4.2 NAME		
STREET ADDRESS	229 A-AMERICA PLACE		4.3 STREET ADDRESS	2807 Sable Mill Lane	
CITY-ST-ZIP	JEFFERSONVILLE IN 47130		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☒ Change ☐ Addi
NAME	TATUM, WAYNE B		5.2 NAME		
STREET ADDRESS	907 ABLEMARK CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40216		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addi
NAME	PULLEM, ROBERT		6.2 NAME		
STREET ADDRESS	1191 PLUM HALL CT.		6.3 STREET ADDRESS		
CITY-ST-ZIP	FLOYD KNOBS IN 47119		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: James G. Roy James G. Roy 4-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date