FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G11354 (9)

1. Corporation Name
FUTCH LEASING, INC.

Principal Place of Business	Mailing Address
756 S W 16TH AVE POB 4739 OCALA,F L 32678	756 S W 16TH AVE POB 4739 OCALA,F L 32678

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/29/1982	3a. Date of Last Report: 06/28/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 59-2237997	☐ 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

~~FUTCH, R S JR~~
~~756 SW 16TH AVENUE~~
~~OCALA, FL~~
~~32674~~

10. Name and Address of New Registered Agent

81 Name: R WILLIAM FUTCH
82 Street Address (P.O. Box Number is Not Acceptable): 500 NE 8TH Avenue
83
84 City: Ocala FL 85 Zip Code: 344-76

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: _____ R WILLIAM FUTCH 2/20/94
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	FUTCH, ANN F	1.2 NAME	
STREET ADDRESS	756 SW 16TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	FUTCH, R S JR	2.2 NAME	
STREET ADDRESS	756 SW 16TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	2.4 CITY-ST-ZIP	
TITLE	ASV	3.1 TITLE	☐ Change ☐ Addition
NAME	FUTCH, R WILLIAM	3.2 NAME	
STREET ADDRESS	756 SW 16TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	ASV	4.1 TITLE	☐ Change ☐ Addition
NAME	MALOY, F.L.	4.2 NAME	
STREET ADDRESS	756 SW 16TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ VP 2/20/95 904-732 0214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R WILLIAM FUTCH

0478710 FP