CORPORATION

ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -4 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H35216 (1)

1. Corporation Name

PLC LEASING CORPORATION

Principal Place of Business	Mailing Address
C/O PAULINE M. FRY ONE PROGRESS PLAZA P.O. BOX 33042 ST. PETERSBURG FL 33701	% PAULINE M. FRY ONE PROGRESS PLAZA P.O.BOX 33042 STE.2600 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/26/1984	03/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2554218 ☐ 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	10. Name and Address of New Registered Agent
FRY, PAULINE M. ONE PROGRESS PLAZA SUITE 2600 ST. PETERSBURG FL 33701	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 title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	D ☒ Change ☐ Addition
NAME	HEINICAKA, JEFFREY R	12 NAME	
STREET ADDRESS	3201 34TH ST. SO.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, THOMAS D.	22 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	DC	31 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, JOSEPH H	32 NAME	
STREET ADDRESS	3201 34TH ST. S.	33 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	
TITLE	CAT	41 TITLE	☐ Change ☐ Addition
NAME	JADERBORG, KAREN L	42 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	
TITLE	DP	51 TITLE	☐ Change ☐ Addition
NAME	LECLAIR, D A	52 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	HALEY, KATHLEEN M.	62 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	64 CITY-ST-ZIP	

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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: Kathleen M. Haley KATHLEEN M. HALEY, SECRETARY 3/31/95 (813) 824-6531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0306368 CP