


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H59099 (2) 1. Corporation Name LESLIE TRANSPORTATION CORPORATION					
Principal Place of Business 1616 ELM HILL PIKE NASHVILLE TN 37210			Mailing Address 1616 ELM HILL PIKE NASHVILLE TN 37210		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. <u>SAME</u> 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. <u>SAME</u> 26 City & State 27 Zip Country 28		3. Date incorporated or Qualified 05/23/1985	
4. FEI Number 35-1659691		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent PAGE, MARTIN S. 228 E. DUVAL ST. LAKE CITY FL 32055				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, LESLIE A.	1.2 NAME	
STREET ADDRESS	6516 MAPLEDOWNS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WAYNE IN	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, ROBERT E.	2.2 NAME	
STREET ADDRESS	1616 ELM HILL PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37210	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN, KATHLEEN	3.2 NAME	
STREET ADDRESS	6728 DARDEN PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANET HAGAN	4.2 NAME	
STREET ADDRESS	6728 DARDEN PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37205	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASON BRUCE	5.2 NAME	
STREET ADDRESS	1616 ELM HILL PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37210	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Kathleen Hagan **NOT REQUIRED**

1/14/98 (615) 3999277

CR2E034 (10/97)