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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H87120** (2)

1. Corporation Name

TRANSOUTH LEASING, INC.



Principal Place of Business

Mailing Address

~~704 FOXRIDGE CENTER DR
#104
ORANGE PARK FL 32065
US~~

P O BOX 2344
ORANGE PARK FL 32067
US

2. Principal Place of Business

2a. Mailing Address

21 **2301 PARK AVE**

26 State, Apt. #, etc

22 **#400**

27 City & State

23 **ORANGE PARK, FL**

28 Zip

24 **32073**

25 Country

29 **FL**

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOSS, CALVIN
-8026 COPPERFIELD CR S
JACKSONVILLE FL 32244

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. Thereby, except the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in Block 9, if the person is a registered agent, or the signature of the person named in Block 10, if the person is a new registered agent.

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Calvin P. Doss
President

4-27-96

904-24-3314

CR2E034 (12/95)

PHYSICAL ADDRESS
Calvin P. Doss
8026 Copperfield Cr S
Jax, FL 32244

MAILING ADDRESS
Calvin P. Doss
P.O. Box 167
Orange Park, FL 32067-0167

VST
Marilyn B. Doss
P.O. Box 1399
Orange Park, FL 32067-1399

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