FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J32474** **(5)**

1. Corporation Name

PACT LEASING CORPORATION

Principal Place of Business	Mailing Address
~~5000 L.B. MCLEOD RD.~~ ~~P.O.BOX 016000~~ ~~ORLANDO FL 32801-0300~~	~~5000 L.B. MCLEOD RD.~~ ~~P.O.BOX 016000~~ ~~ORLANDO FL 32801-0300~~

2. Principal Place of Business
21 8340 American Way
Suite, Apt. #, etc.
22
City & State
23 Groveland, Fl.
Zip 24 34736 Country 25 USA

2a. Mailing Address
26 P.O. BOX 5000
Suite, Apt. #, etc.
27
City & State
28 Groveland, Fl.
Zip 29 34736 Country 30 USA

3. Date Incorporated or Qualified: 09/10/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2719282 ☐ 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

FULMER, PHILIP R.
~~1010 PALADIN COURT~~
~~ORLANDO FL 32806~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 8000 Cherry Lake Rd.
83
84 City Groveland FL 85 Zip Code 34736

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] DATE

12. OFFICERS AND DIRECTORS

TITLE	EVP	☐ DELETE
NAME	FULMER, BARBARA B.	
STREET ADDRESS	8971 CHARLESTON PARK	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	☐ DELETE
NAME	TURNER, CYNTHIA	
STREET ADDRESS	137 HARTINGTON DR	
CITY-ST-ZIP	ORLANDO FL 35758	
TITLE	S	☐ DELETE
NAME	FULMER, PHILIP R.	
STREET ADDRESS	~~1010 PALADIN COURT~~	
CITY-ST-ZIP	~~ORLANDO FL 32806~~	
TITLE	VP	☐ DELETE
NAME	FULMER, TIMOTHY A.	
STREET ADDRESS	9239 WOODBREEZE BLVD	
CITY-ST-ZIP	WINDERMERE FL 32819	
TITLE	P	☐ DELETE
NAME	FULMER, CARROLL A	
STREET ADDRESS	~~1005 DOGO AVENUE~~	
CITY-ST-ZIP	~~ORLANDO FL 32800~~	
TITLE	CB	☐ DELETE
NAME	FULMER, CARROLL L	
STREET ADDRESS	8971 CHARLESTON PARK	
CITY-ST-ZIP	ORLANDO FL 32819	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	8000 Cherry Lake Rd.	
3.4 CITY-ST-ZIP	Groveland, Fl. 34736	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	14726 GORDNECK Dr.	
5.4 CITY-ST-ZIP	MONTEVERDE, Fl. 34756	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)