FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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
8340 AMERICAN WAY GROVELAND FL 34736 US	P.O. BOX 5000 GROVELAND FL 34736-5000 US

3. Date Incorporated or Qualified: **09/10/1986**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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.
8000 CHERRY LAKE ROAD
GROVELAND FL 34736

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, type or print name of Registered Agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EVP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, BARBARA B.		1.2 NAME	
STREET ADDRESS	8971 CHARLESTON PARK		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, CYNTHIA		2.2 NAME	
STREET ADDRESS	137 HARTINGTON DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 35758		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, PHILIP R.		3.2 NAME	
STREET ADDRESS	8000 CHERRY LAKE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, TIMOTHY A.		4.2 NAME	
STREET ADDRESS	9239 WOODBREEZE BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 32819		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, CARROLL A		5.2 NAME	
STREET ADDRESS	14726 GORD NECK DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTEVERDE FL		5.4 CITY-ST-ZIP	
TITLE	CB	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, CARROLL L		6.2 NAME	
STREET ADDRESS	8971 CHARLESTON PARK		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #