

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

FILED  
May 13 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 # K41742 (3)  
1. Corporation Name  
ARCADIA LEASING GROUP, INC.



Principal Place of Business: 600 N COMMONWEALTH AVE, P.O. BOX 664, POLK CITY FL 33868-0664, US  
Mailing Address: P.O. BOX 664, POLK CITY FL 33868-0664, US

3. Date Incorporated or Qualified: 10/27/1988  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2865690  
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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
LUNDQUIST, ROBERT T.  
5826 FUSSELL ROAD  
POLK CITY FL 33868

10. Name and Address of New Registered Agent  
81 Name: Orain Albritton  
82 Street Address (P.O. Box Number is Not Acceptable): 455 Plymouth Road  
83  
84 City: Auburndale FL 85 Zip Code: 33823

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: Orain Albritton, President  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE: 4/11/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LUNDQUIST, ROBERT T	
STREET ADDRESS	5826 FUSSELL RD.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LUNDQUIST, ROBERT W.	
STREET ADDRESS	5826 FUSSELL RD.	
CITY-ST-ZIP	POLK CITY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GARNER, GERALD H.	
STREET ADDRESS	4020 FUSSELL ROAD	
CITY-ST-ZIP	POLK CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Orain Albritton	
1.3 STREET ADDRESS	455 Plymouth Rd.	
1.4 CITY-ST-ZIP	Auburndale, Fl. 33823	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Gerald H. Garner* (Signature) **Garnier, Sec.-Treasurer** 4/11/97 941-984-1211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)