

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

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

Orain Albritton

4/11/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME LUNDQUIST, ROBERT T
STREET ADDRESS 5826 FUSSELL RD.
CITY-ST-ZIP POLK CITY FL

TITLE VP ☒ DELETE
NAME LUNDQUIST, ROBERT W.
STREET ADDRESS 5826 FUSSELL RD.
CITY-ST-ZIP POLK CITY FL

TITLE ST ☐ DELETE
NAME GARNER, GERALD H.
STREET ADDRESS 4020 FUSSELL ROAD
CITY-ST-ZIP POLK CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Orain Albritton
1.3 STREET ADDRESS 455 Plymouth Rd.
1.4 CITY-ST-ZIP Auburndale, Fl. 33823

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
3.4 CITY-ST-ZIP

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
5.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garnier, Sec.-Treasurer 4/11/97 941-984-1211

Date

Daytime Phone #

0384740

CR2E034 (9/96)