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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L52887** (1)

1. Corporation Name
TRIANGLE LEASING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
317 EDWARDIA DR POB 16269 GREENSBORO NC 27419	317 EDWARDIA DR POB 16269 GREENSBORO NC 27419-8269

3. Date Incorporated or Qualified: 02/26/1990	3a. Date of Last Report: 04/29/1996
4. FEI Number: 56-1728337	☐ 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	

2. Principal Place of Business
21: 717 Camann St.
Suite, Apt. #, etc.: 22:
City & State: 23: Greensboro NC
Zip: 24: 27407 Country: 25: Guilford

2a. Mailing Address
26: 717 Camann St.
Suite, Apt. #, etc.: 27:
City & State: 28: Greensboro NC
Zip: 29: 27407 Country: 30: Guilford

9. Name and Address of Current Registered Agent
LEVINER, HARRISON
865 S LANE AVE #218
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent
81 Name: ELIHEW GRAY
82 Street Address (P.O. Box Number is Not Acceptable):
83: 33 LANE AVENUE SOUTH
84 City: JACKSONVILLE FL 85 Zip Code: 32254

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: Elihew GRAY Elihew Gray 3/10/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	C ☐ Change ☒ Addition
NAME	ROACH, DOUGLAS L	1.2 NAME	DOUGLAS D. CLINE
STREET ADDRESS	145 SAMPSON RD	1.3 STREET ADDRESS	717 CAMANN STREET
CITY-ST-ZIP	WILMINGTON NC	1.4 CITY-ST-ZIP	GREENSBORO, NC 27407
TITLE	VSD ☒ DELETE	2.1 TITLE	P/M ☐ Change ☒ Addition
NAME	ROACH, L M	2.2 NAME	JOE A. JACKSON
STREET ADDRESS	145 SAMPSON RD	2.3 STREET ADDRESS	717 CAMANN STREET
CITY-ST-ZIP	WILMINGTON NC	2.4 CITY-ST-ZIP	GREENSBORO, NC 27407
TITLE	STD ☒ DELETE	3.1 TITLE	V/D ☐ Change ☒ Addition
NAME	LAMBERTH,JOHN	3.2 NAME	ELIHEW GRAY
STREET ADDRESS	317 EDWARDIA DR	3.3 STREET ADDRESS	33 LANE AVENUE SOUTH
CITY-ST-ZIP	GREENSBORO NC	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	S ☒ DELETE	4.1 TITLE	V/D ☐ Change ☒ Addition
NAME	RYALS, G A	4.2 NAME	JEFFREY CRUTHIS
STREET ADDRESS	2002 EASTWOOD RD	4.3 STREET ADDRESS	717 CAMANN STREET
CITY-ST-ZIP	WILMINGTON NC	4.4 CITY-ST-ZIP	GREENSBORO, NC 27407
TITLE	☐ DELETE	5.1 TITLE	S/T/D ☐ Change ☒ Addition
NAME		5.2 NAME	SHARON A. CLINE
STREET ADDRESS		5.3 STREET ADDRESS	717 CAMANN STREET
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GREENSBORO, NC 27407
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jeffrey L. Cruthis 3/10/97 910-855-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0505432