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

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90005 046 ***150.00

DOCUMENT # L52887

1. Corporation Name
TRIANGLE LEASING OF FLORIDA, INC.

Principal Place of Business	Mailing Address
717 CAMANN ST GREENSBORO NC 27407 US	717 CAMANN ST GREENSBORO NC 27407 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/26/1990

4. FEI Number: 56-1728337 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRAY, ELIHEW
33 LANE AVE SOUTH
JACKSONVILLE FL 32254

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatng)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	VT	☐ Change ☒ Addition
NAME	CLINE, DOUGLAS D		1.2 NAME	B. Joe Wright, Jr.	
STREET ADDRESS	717 CAMANN ST		1.3 STREET ADDRESS	717 Camann St.	
CITY-ST-ZIP	GREENSBORO NC		1.4 CITY-ST-ZIP	Greensboro NC 27407	
TITLE	PM	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, JOE A		2.2 NAME		
STREET ADDRESS	717 CAMANN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		2. 4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, ELIHEW		3.2 NAME		
STREET ADDRESS	33 LANE AVE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CRUTHIS, JEFFREY		4. 2 NAME		
STREET ADDRESS	717 CAMANN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CLINE, SHARON A		5.2 NAME		
STREET ADDRESS	717 CAMANN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO NC		5.4 CITY-ST-ZIP		
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		

14. I 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, with all other like empowered.

SIGNATURE: B. Joe Wright SIGNATURE REQUIRED B. Joe Wright, Jr. 3-26-99 336-855-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)