2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000054067 01-24-2007 90015 031 ***150.00 1. Entity Name G.T. LEASING, INC. Principal Place of Business Mailing Address 40000000 2810 ST. AUGUSTINE ROAD 2810 ST, AUGUSTINE ROAD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chq-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-3681867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCMENAMY, WILLIAM B 50 NORTH LAURA STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 2925** JACKSONVILLE, FL 32202 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE VP ☐ Change NAME NIMNICHT, LEE A NAME Scott InSmith STREET ADDRESS 1141 PEACHTREE STREET STREET ADDRESS 4468 Coquina Dr. Jacksonville,Fl. 32250 JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE DCV ☐ Delete TITLE ☐ Change ☐ Addition NIMNICHT, BILLIE N III NAME NAME 2525 PINERIDGE ROAD STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete ☐ Change ☐ Addition NIMNICHT, EDWARD A II NAME NAME STREET ADDRESS 2525 PINERIDGE ROAD STREET ADDRESS JACKSONVILLE, FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition MARLIER, JAMES F JR. NAME NAME STREET ADDRESS 12663 MUIRFIELD BLVD. S STREET ADDRESS JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MILLER, GEORGE E NAME NAME STREET ADDRESS 4907 FERRELL LANE STREET ADDRESS JACKSONVILLE, FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 24, 2007 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC. TREAS. Date Dayline Phone #