

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00991** (0)

1. Corporation Name
LOUISIANA NATIONAL LEASING CORPORATION



Principal Place of Business

451 FLORIDA BLVD.
P. O. BOX 451
BATON ROUGE LA 70821

Mailing Address

451 FLORIDA BLVD.
P. O. BOX 451
BATON ROUGE LA 70821

3. Date Incorporated or Qualified 02/22/1984	3a. Date of Last Report 01/31/1995
4. FET Number 72-0703171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21. Sub, Apt #, etc.

22. City & State

23. Zip

25. County

2a. Mailing Address

26. Sub, Apt #, etc.

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

STONE, ROBERT L.
125 WEST ROMANA
STE. 800
PENSACOLA FL 32501

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

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Change of Office)

Date

12. OFFICERS AND DIRECTORS		
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	LOCKETT, F. WALKER	
STREET ADDRESS	451 FLORIDA BLVD.	
CITY, ST, ZIP	BATON ROUGE LA 70801	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOY, C. BRENT	
STREET ADDRESS	451 FLORIDA BLVD	
CITY, ST, ZIP	BATON ROUGE LA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROOKS, ROBERT	
STREET ADDRESS	451 FLORIDA STREET	
CITY, ST, ZIP	BATON ROUGE LA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BREAUX, PAGE ANTHONY	
STREET ADDRESS	451 FLORIDA STREET	
CITY, ST, ZIP	BATON ROUGE LA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FELTEN, STEVEN R	
STREET ADDRESS	451 FLORIDA BLVD.	
CITY, ST, ZIP	BATON ROUGE LA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUSH, DAVID W	
STREET ADDRESS	451 FLORIDA BLVD.	
CITY, ST, ZIP	BATON ROUGE LA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11. TITLE	Chairman & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Michael O Bertolet	
13. STREET ADDRESS	451 Florida Blvd	
14. CITY, ST, ZIP	Baton Rouge, LA 70801	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *David W. Rush* David W. Rush, Treasurer 1/22/96 (504) 332-7262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)