

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17145 (4)**

1. Corporation Name  
**NEVILLE LEASING, INC.**



Principal Place of Business: **750 COMMERCE DR., STE. 307 DECATUR GA 30030**  
Mailing Address: **750 COMMERCE DR., STE. 307 DECATUR GA 30030**

3. Date Incorporated or Qualified: **12/10/1987**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **58-1584513**  
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** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
2a. Mailing Address: **26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

**g. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and the preparer of this report. (Date) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NEVILLE, DAVID A.	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	3021 ALTA RIDGEWAY		1.2 NAME
STREET ADDRESS	SNELLVILLE GA		1.3 STREET ADDRESS
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE	STD MCCULLAR, H. ANTHONY	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	5050 MILLER ROAD		2.2 NAME
STREET ADDRESS	LITHONIA GA		2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE	D RUTLAND, ROBERT J.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	160 CLAIRMONT AVE.		3.2 NAME
STREET ADDRESS	DECATUR GA		3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE	D RUTLAND, GUY W., III	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	160 CLAIRMONT AVE.		4.2 NAME
STREET ADDRESS	DECATUR GA		4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

**CEO**  Change  Addition  
**Donald F. Krefl**  
**345 Wheatridge Drive**  
**Roswell, GA 30075**  
**CEO/Secretary**  Change  Addition  
**David G. Dahm**  
**2028 Winstead Way**  
**Marietta, GA 30062**

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: *D. G. Dahm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/94 (770) 933 9090  
Date Registered Agent's Report is Reported (Date)

CR2E034 (12/95)