

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P37806** (7)

1. Corporation Name

MANATEE LEASING, INC.



Principal Place of Business

**5330 EAST 31ST STREET, SUITE 900
TULSA OK 74135**

Mailing Address

**5330 EAST 31ST STREET, SUITE 900
TULSA OK 74135**

3. Date Incorporated or Qualified

03/06/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

73-1400834

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 the corporation and of the registered agent, if applicable

Signature of the registered agent, if applicable, and of the corporation, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ST. CLAIR, LLOYD	
STREET ADDRESS	5330 E 31ST STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HILDEBRAND, STEVEN B	
STREET ADDRESS	5330 E 31ST STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HILDEBRAND, STEVEN B	
STREET ADDRESS	5330 E 31ST STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RYAN, JAMES R.	
STREET ADDRESS	5330 E. 31ST STREET	
CITY-ST-ZIP	TULSA OK	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	MCMAHON, MICHAEL H	
STREET ADDRESS	5330 E 31ST STREET	
CITY-ST-ZIP	TULSA OK	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/CEO/T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ronald Elder	
1.3 STREET ADDRESS	5330 E. 31st Street	
1.4 CITY-ST-ZIP	Tulsa, OK 74135	
2.1 TITLE	VP/AS/p	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Paul Eichbauer	
2.3 STREET ADDRESS	5330 E. 31st Street	
2.4 CITY-ST-ZIP	Tulsa, OK 74135	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. RYAN

4-24-96 (918) 669-2766

CR2E034 (12/95)