

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 # P92000015356 (8)

1. Corporation Name

~~BARNETT LEASING COMPANY~~

BARNETT BUSINESS FINANCE CORP.

N/C 12-19-95



Principal Place of Business

50 N LAURA ST
JACKSONVILLE FL 32202-3610

Mailing Address

50 N LAURA ST
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

2. Principal Place of Business

21 100 LAURA STREET

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FL

Zip Country

24 32202 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip Country

29 32202 30 USA

3. Date Incorporated or Qualified

12/30/1992

3a. Date of Last Report

03/31/1995

4. FEI Number

59-3145023

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

9. Name and Address of Current Registered Agent

SWARTLEY RICHARD E
50 NORTH LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

8000001797298

82 Street Address (P.O. Box, etc.)

04/29/96-01016--002

83

***206.75

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the filing location

(the filer, Registered Agent, or preparer of the filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
KRACHUK, PAUL S.
STREET ADDRESS
9000 SOUTHSIDE BLVD
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☒ DELETE

NAME
D
WHITING, THOMAS R.
STREET ADDRESS
910 SE 17 ST
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
FREEMAN, DOUGLAS K
STREET ADDRESS
50 N LAURA ST
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☒ DELETE

NAME
T
RESNICK, MARK D.
STREET ADDRESS
50 N LAURA ST
CITY-ST-ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
DO
RUTLEDGE, VANCE H
STREET ADDRESS
1 E BROWARD BLVD
CITY-ST-ZIP
FT LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
YOUNG, WILLIAM
STREET ADDRESS
60 CATHEDRAL PLACE
CITY-ST-ZIP
ST AUGUSTINE FL 32085

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

D/P/M

WILCOX, VICTORIA G.

50 N. LAURA ST.

JACKSONVILLE, FL 32202

D/C

D

LOGAN, JOHN B.

100 LAURA ST.

JACKSONVILLE, FL 32202

D

100 LAURA ST.

JACKSONVILLE, FL 32202

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)(a), 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

Vance H. Rutledge

VANCE H. RUTLEDGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

904-791-5302

DATE

Day/State/Phone #

CR2E034 (12/95)