

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # P94000004217 (3)

1. Corporation Name

ROYAL LEASING, INC.



Principal Place of Business Mailing Address

100 EAST ROBERTS ROAD
 PENSACOLA FL 32534

P.O. BOX 7185
 PENSACOLA FL 32534

2. Principal Place of Business

2a. Mailing Address

21 26 Suite, Apt. #, etc.

22 27 City & State

23 28 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 01/10/1994 3a. Date of Last Report 04/11/1995

4. FEI Number 59-3219519 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

**BARIL, ROY T
 100 EAST ROBERTS ROAD
 PENSACOLA FL 32534**

81 Name FL 85 Zip Code

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, type or print name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when changing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARIL, ROY T	11 TITLE
STREET ADDRESS	100 E. ROBERTS RD.	12 NAME
CITY-ST-ZIP	PENSACOLA FL 32534	13 STREET ADDRESS
TITLE		14 CITY-ST-ZIP
NAME		21 TITLE
STREET ADDRESS		22 NAME
CITY-ST-ZIP		23 STREET ADDRESS
TITLE		24 CITY-ST-ZIP
NAME		31 TITLE
STREET ADDRESS		32 NAME
CITY-ST-ZIP		33 STREET ADDRESS
TITLE		34 CITY-ST-ZIP
NAME		41 TITLE
STREET ADDRESS		42 NAME
CITY-ST-ZIP		43 STREET ADDRESS
TITLE		44 CITY-ST-ZIP
NAME		51 TITLE
STREET ADDRESS		52 NAME
CITY-ST-ZIP		53 STREET ADDRESS
TITLE		54 CITY-ST-ZIP
NAME		61 TITLE
STREET ADDRESS		62 NAME
CITY-ST-ZIP		63 STREET ADDRESS
TITLE		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

roy t. baril
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

Digitized Photo #

CR2E034 (3/96)