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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000004217 (3)

1. Corporation Name
ROYAL LEASING, INC.

Principal Place of Business
100 EAST ROBERTS ROAD
PENSACOLA FL 32534

Mailing Address
P.O. BOX 7185
PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 3994 BAYPOINTE DRIVE
Suite, Apt. #, etc.

22 City & State
23 GULF BREEZE, FLORIDA

24 Zip 32561 25 Country USA

2a. Mailing Address
26 3994 BAYPOINTE DRIVE
Suite, Apt. #, etc.

27 City & State
28 GULF BREEZE, FLORIDA

29 Zip 32561 30 Country USA

9. Name and Address of Current Registered Agent

BARIL, SCOTT
100 EAST ROBERTS ROAD
PENSACOLA FL 32534

10. Name and Address of New Registered Agent

81 Name KATHLEEN BARIL
82 Street Address (P.O. Box Number is Not Acceptable)
3994 BAYPOINTE DRIVE
83
84 City GULF BREEZE FL 85 Zip Code 32561

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

Kathleen Baril
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/8/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME BARIL, SCOTT
STREET ADDRESS 100 E. ROBERTS RD.
CITY-ST-ZIP PENSACOLA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME BARIL, SCOTT
1.3 STREET ADDRESS 2403 E. LILLIAN LANE
1.4 CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60004

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SCOTT BARIL

SCOTT BARIL

3/8/98

CR2E034 (10/97)