

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 17 1997 8:00 am  
Secretary of State

DOCUMENT # **P95000058535 (2)**

1. Corporation Name  
**BTRAC LEASING CORPORATION**



Principal Place of Business  
**8000 SOUTHSIDE BLVD  
BLDG 200  
JACKSONVILLE FL 32256**

Mailing Address  
**8000 SOUTHSIDE BLVD  
BLDG 200  
JACKSONVILLE FL 32256-0785**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **10401 Deerwood Park Blvd.**

22 City & State

27 City & State  
**Jacksonville, FL**

23 Zip

Country

28 Zip

Country

24 **32256**

25 **Duval**

29

30

3. Date Incorporated or Qualified  
**07/25/1995**

3a. Date of Last Report  
**03/26/1996**

4. FEI Number

**58-2192472**

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

10. Name and Address of New Registered Agent

**LAMORE, STEVEN A  
9000 SOUTHSIDE BLVD  
BLDG 200  
JACKSONVILLE FL 32256**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
CD	LAMORE, STEVEN A	9000 SOUTHSIDE BLVD BLDG 200 JACKSONVILLE FL 32256		<input type="checkbox"/>
D	CHAPLIN, LEE H JR.	9000 SOUTHSIDE BLVD BLDG 200 JACKSONVILLE FL 32256		<input checked="" type="checkbox"/>
PD	MARQUISS, GARRY W	9000 SOUTHSIDE BLVD BLDG 200 JACKSONVILLE FL 32256		<input type="checkbox"/>
D	SMITH, MOLLY A	9000 SOUTHSIDE BLVD. BLDG 100 JACKSONVILLE FL 32256		<input type="checkbox"/>
SD	POOLE, MARK E	9000 SOUTHSIDE BLVD BLDG 200 JACKSONVILLE FL 32256		<input type="checkbox"/>
	Douglas K. Freeman-Director	50 N. Laura Street 41st Floor Jacksonville, FL 32202-3638		<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10401 Deerwood Park Blvd.	Jacksonville, FL 32256	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10401 Deerwood Park Blvd.	Jacksonville, FL 32256	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10401 Deerwood Park Blvd.	Jacksonville, FL 32256	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		10401 Deerwood Park Blvd.	Jacksonville, FL 32256	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 987-2601

CR2E034 (9/96)