FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 93878 12 PH 1:09 1996 **DIVISION OF CORPORATIONS** p95000012780 **DOCUMENT#** 1. Corporation Name PRATT LEASING COMPANY, INC. Principal Place of Business Mailing Address 3. Date incorporated or Qualified | 3a. Date of Last Report 12-06-95 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 5216 S.W. 91ST TERRACE Suite, Apt. #, etc. 5216 S.W. 91ST TERRACE Suite, Apt #, etc. Not Applicable 59-3354925 8.75 Additional 5. Certificate of Status Desired 22 SUITE A SUITE A Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 GAINESVILLE, FLORIDA Z8 GAINESVILLE. FLORIDA Added to Fees 8. This corporation has liability for intangible tax under s. 199.032. Yes X No **24** 32608 25] U.S.A. 29 32608 30 U.S.A Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SANDRA PRATT Street Address (P.O. Box Number is Not Acceptable) McDonald, Stephen J. 5216 S.W. 91ST TERRACE 315 SE 7th street SUITE A Suite 303 City 85 Zip Code Ft. Lauderdale, F1. 33301 GAINESVILLE 32608 11. Pursuant to the provisions of Sections 607.0502 and 601.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or poth in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered agent. I am familiar with any accept the appointment as registered Agent signature required when reinstating)

Signature, typic or private value of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE 11DRF Change Addition TITLE NAME 1.2 NAME ralph pratt 1.3 STREET ADDRESS STREET ADDRESS 10815 S.W. 11TH LANE CITY-ST-ZIP 1.4 CiTY-ST-ZIP GAINESVILLE, FLORIDA 32607 TITLE 21 TITLE DELETE Addition Change NAME SANDRA PRATT 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 10815 S.W. 11TH LANE CITY ST ZIP 2.4 CITY-ST-ZIP GAINESVILLE, FLORIDA 32607 21 DD E ... STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 41 TITLE TITLE Change Addition DELETE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE DILE 2000 HChange S Addition DELETE 5 2 NAME NAME -09/24/96--01161--014 S 3 STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 5 4 CITY-ST-ZIP CITY-ST-7/P 61 TITLE TITLE J-12-96 Change DELETE Addition NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 807, Florida Statutes. and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: **3**52-377-1563 SANDRA PRATT SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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