

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jun 05 1998 8:00am
Secretary of State

DOCUMENT # P96000041919 (7)

1. Corporation Name

KING LEASING INC.



Principal Place of Business

3540 SE LAKE WEIR AVE
OCALA FL 34471

Mailing Address

3540 SE LAKE WEIR AVE
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

59-3373687

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

21 926 S.E. 23rd Street

Suite, Apt. #, etc.

22 City & State

23 Ocala, Florida

Zip

24 34471

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Ocala, Florida

Zip

29 34471

Country

30

9. Name and Address of Current Registered Agent

JOHNS, JERRY
3540 SE LAKE WEIR AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

Linda Johns

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

926 S.E. 23rd St

83

84 City

Ocala

FL

85 Zip Code

34471

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 *Linda Johns* Linda Johns President

4/26/98

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

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNS, LINDA
STREET ADDRESS ~~3540 SE LAKE WEIR AVE~~ 926 S.E. 23rd St
CITY-ST-ZIP ~~OCALA FL 34471~~ Ocala, FL 34471

TITLE D
NAME JOHNS, JERRY
STREET ADDRESS 3540 SE LAKE WEIR AVE
CITY-ST-ZIP Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director
1.2 NAME Mrs. Renee Jones
1.3 STREET ADDRESS P.O. Box 743
1.4 CITY-ST-ZIP Dunnellon, Florida 34431

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

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

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

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

6.1 TITLE
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 *Linda Johns* Linda Johns President 4/26/98 (352) 622-7632

CR2E034 (10/97)