

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90128 019 ***150.00
05-03-1999 90128 020 *****8.75

DOCUMENT # P96000041919

1. Corporation Name
KING LEASING INC.

Principal Place of Business
926 S.E. 23RD STREET
OCALA FL 34471

Mailing Address
926 S.E. 23RD STREET
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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNS, JERRY
926 S.E. 23RD ST.
OCALA FL 34471

81 Name
Linda H. 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 H. Johns

NOTE: Registered Agent signature required when reinstating

DATE 4/25/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JOHNS, LINDA
STREET ADDRESS 926 S.E. 23RD ST.
CITY-ST-ZIP Ocala FL 34471

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME JONES, RENEE'
STREET ADDRESS P.O. BOX 743 N/A
CITY-ST-ZIP DUNELLON FL 34431

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Jones, Renee
2.3 STREET ADDRESS 391 East Country Club Drive
2.4 CITY-ST-ZIP Williston, FL 32696

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Mrs. Linda H. Johns Linda H. Johns

DATE 4/25/99

Daytime Phone # WK: 620-7587 1-800-354-622-7632

CR2E034 (11/98)

0485814