

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

APPROVED
AND
FILED

97 JUL -9 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099945 (3)

1. Corporation Name
OCALA LEASING, INC.



Principal Place of Business

8449 SW STATE ROAD 200
SUITE 141
OCALA FL 34481

Mailing Address

8449 SW STATE ROAD 200
SUITE 141
OCALA FL 34481-9606

2. Principal Place of Business

21 2404 NE 8th Place
Suite, Apt. #, etc.

22 City & State
23 Ocala FL 34470-6215
Zip Country

24 34470-6215 25 U.S.A.

2a. Mailing Address

26 P. O. Box 277
Suite, Apt. #, etc.

27 City & State
28 Ocala FL 34478-0277
Zip Country

29 34478-0277 30 U.S.A.

9. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD
SUITE 1009
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

12/09/1996

3a. Date of Last Report

4. FEI Number

65-0713852

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$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

10. Name and Address of New Registered Agent

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 re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LASSITER, NICOLE A
8449 SW STATE ROAD 200
OCALA FL 34481

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D, P
Lassiter, Nicole A.
P.O. Box 277 - 2404 NE 8th Pl
Ocala FL 34478-0277 Ocala FL 34470

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

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
100002237851-10
-07/14/97--01167--002
****173.75 ****173.75

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

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

SIGNATURE

4-20-97 (1252) 732-1124

CR2E034 (9/96)