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

DOCUMENT # P97000033481 (7) HRT LEASING, INC.

Mailing Address

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business 101 ALTURAS BABSON PARK CUTOFF ROAD 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/14/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3439791 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OAKLEY, THOMAS E 101 ALTURAS BABSON PARK CUTOFF ROAD 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 83 64 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETÉ Change Addition TITLE 1 1 TITLE OAKLEY, THOMAS E NAME 1.2 NAME CR2E034 101 ALTURAS BABSON PARK CUTOFF ROAD STREET ADDRESS 1.3 STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change noitibhA TITLE 2.1 TITLE OAKLEY, RONALD E 2.2 NAME 101 ALTURAS BABSON PARK CUTOFF ROAD STREET ADDRESS 2.3 STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition Walker, Wade H NAME 3.2 NAME 101 ALTURAS BABSON PARK CUTOFF ROAD STREET ADDRESS 3.3 STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 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.

01/06/00