

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S32234** (4)

1. Corporation Name

SUNBELT AUTOMOTIVE LEASING, INC.

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1227 W JEFFERSON ST
ORLANDO FL 32805-1607

Mailing Address

1227 W JEFFERSON ST
ORLANDO FL 32805-1607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/12/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3063962

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 has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 2208

2a. Mailing Address

26 P.O. Box 2208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Apopka, FL

City & State

28 Apopka, FL

Zip

24 32704-2208

Country

25 Orange

Zip

29 32704-2208

Country

30 Orange

9. Name and Address of Current Registered Agent

KELLER, CHARLES W.
744 HIGHLAND AVENUE
ORLANDO FL 32803

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 must also be provided.)

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCALLISTER, BRUCE D.
STREET ADDRESS	840 VIA LOMBARDY
CITY - ST - ZIP	WINTER PARK FL
TITLE	S
NAME	KELLER, CHARLES W
STREET ADDRESS	744 HIGHLAND AVE.
CITY - ST - ZIP	ORLANDO FL
TITLE	Treasurer
NAME	James H. Wade, Jr.
STREET ADDRESS	7 West Main Street, Suite 1000
CITY - ST - ZIP	Apopka, Florida 32703
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	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	1255 La Quinta Drive, Suite 230
1.4 CITY - ST - ZIP	Orlando, FL 32859
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(2)(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 107, Florida Statutes; and that my running approval in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Wade, Jr.

407.886-3945

Date

Signature Printed #

REMITTED BY MAY 1