SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (8)DOCUMENT # S60593 MOODY EQUIPMENT LEASING, INC. Mailing Address Principal Place of Business ROUTE 2. BOX 78M ROUTE 2. BOX 78M **BOWLING GREEN FL 33834 BOWLING GREEN FL 33834** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/01/1995 06/14/1991 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 65-0274923 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liab lity for intangible tax under s. 199 03? Country Country Zip Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOODY, MATTHEW L. Street Address (P.O. Box Number is Not Acceptable) 82 **ROUTE 2 BOX 78M BOWLING GREEN FL 33834** 83 City 85 Zip Code 84 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. DATE (NOTE: Respired Agent's insture required when reinstating) SIGNATURE Styriative, type are postula name of registered agent and file if applicable (3/6)(2)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELFTE 113/16 TITLE D E034 1.2 NAM THORTON, LUNETTE NAME 1.3 STREET ADDRESS RT. 2 BOX 78M STREET ADDRESS **BOWLING GREEN FL** 1.4 CiTY - ST - 2 P CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADERESS STREET ADDRESS 2 4 CiTY - ST - 31P CITY - ST - ZIP Change Addition T I DELETE 3 I TIFLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 34 CITY - S1 - ZIP CITY ST-ZIP Change Addition DELETE 4.1 TITLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 111.18 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - 7IP CITY - ST - ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ALKORESS STREET ADDRESS 6.4 CHTY - ST - ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(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 combration or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address

SIGNATURE:

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