

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90016 046 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # V15353

1. Corporation Name

NORTH STAR LEASING, INC.

Principal Place of Business

22 ARCHER ROAD  
YULEE FL 32097

Mailing Address

POST OFFICE BOX 438  
FERNANDINA BEACH FL 32035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1992

4. FEI Number

59-3107080

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

21 302 PERFORMANCE RD.

2a. Mailing Address

26 302 PERFORMANCE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MOORESVILLE NC

City & State

28 MOORESVILLE NC

Zip

Country

24 28115

25

Zip

Country

29 28115

30

9. Name and Address of Current Registered Agent

RUARK, SHARON  
22 ARCHER RD  
YULEE FL 32097

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7160 FIRST COAST Highway

83 #206

84 City FERNANDINA BEACH

FL

85 Zip Code

32034

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 *Sharon Ruark*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	RUARK, SHARON	22 ARCHER ROAD	YULEE FL 32097	<input type="checkbox"/>
VPD	RUARK, MEREDITH W	P.O. BOX 687 N/A	MADISON FL	<input type="checkbox"/>
SD	PENHOLLOW, RICHARD	2790 PARK SQUARE PL	FERNANDINA BEACH FL	<input checked="" type="checkbox"/>
TD	PETTIT, GERADLINE	2104 FLORIDA AVE	FERNANDINA BEACH FL	<input checked="" type="checkbox"/>
D	STANLEY, MARK J	34 ALIDA AVE.	BINGHAMTON NY	<input type="checkbox"/>
D	HEALEY, PATRICK	11 CHAPEL ST	PITISTON PA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SECRETARY / TREASURER / DIRECTOR

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: *Sharon Ruark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 (904) 664-9390  
Date Daytime Phone #

CR2E034 (11/98)