FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V49037** **(7)**

1. Corporation Name

SUTHERLAND LEASING, INC.

Principal Place of Business	Mailing Address
1025 ILLINOIS AVENUE PALM HARBOR FL 34683	1025 ILLINOIS AVENUE PALM HARBOR FL 34683

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **02/17/1995**

4. FEI Number: **59-3132309** ☐ 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. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 50 PARK AVE N.	26 50 PARK AVE N.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TARPON SPRINGS FL	City & State 28 TARPON SPRINGS FL
Zip 24 34689 Country 25 USA	Zip 29 34689 Country 30 USA

9. Name and Address of Current Registered Agent

GAUSE, CAROLYN S.
50 PARK AVE. N.
TARPON SPRINGS FL 34689

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, type or printed name, of registered agent and title, if applicable) (DATE: Registered Agent's signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STANSELL, H.L.		1.2 NAME		
STREET ADDRESS	1025 ILLINOIS AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	P VPGT	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	GAUSE, CAROLYN S.		2.2 NAME	CAROLYN S. GAUSE	
STREET ADDRESS	50 PARK AVE N.		2.3 STREET ADDRESS	50 N. PARK AVE	
CITY-ST-ZIP	TARPON SPGS FL		2.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 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 Carolyn S. Gause CAROLYN S. GAUSE 2/28/96 813-937-5833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)