

**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 # P17955 (6)**  
1. Corporation Name  
**COURTESY LEASING, INC.**



Principal Place of Business  
**4141 WALL STREET  
MONTGOMERY AL 36106  
US**

Mailing Address  
**P O BOX 4308  
MONTGOMERY AL 36103-4308  
US**

3. Date Incorporated or Qualified  
**02/08/1988**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		63-0545936		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	81 Name			
24	25	29	30	82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 as it will appear on the \_\_\_\_\_  
DATE \_\_\_\_\_  
Typed or printed name of registered agent as it will appear on the \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PARKER, R. FRANKLIN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President-Director
NAME	4141 WALL ST		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	MONTGOMERY AL		1.2 NAME Thomas F. Noland
CITY-ST-ZIP			1.3 STREET ADDRESS 4141 Wall St.
TITLE	STD NOLAND, THOMAS F.	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Montgomery, AL 36106
NAME	4141 WALL ST		2.1 TITLE Vice-Pres.-Director
STREET ADDRESS	MONTGOMERY AL		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			2.2 NAME B. Neal Robinson
TITLE	D PARKER, EVELYN R.	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS 4141 Wall St.
NAME	4141 WALL ST		2.4 CITY-ST-ZIP Montgomery, AL 36106
STREET ADDRESS	MONTGOMERY AL		3.1 TITLE Sec.-Treas-Director
CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3.2 NAME A. M. Parker
NAME			3.3 STREET ADDRESS 4141 Wall St.
STREET ADDRESS			3.4 CITY-ST-ZIP Montgomery, AL 36106
CITY-ST-ZIP			4.1 TITLE Director
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME H. P. Byrd
STREET ADDRESS			4.3 STREET ADDRESS 4141 Wall St.
CITY-ST-ZIP			4.4 CITY-ST-ZIP Montgomery, AL 36106
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
NAME			6.1 TITLE
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			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 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 in an attachment with an address.

SIGNATURE: *A. M. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
A. M. Parker, Sec.-Treas. 4-9-96 334-244-1000  
DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (12/95)