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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 397431

1. Corporation Name

	HENT-A-CAR, INC.				
Principal Plac	o of Business	Mailing Address			
•		-			
11025 GULF BLVD. TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706			6	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	<u> </u>
				03/14/1972	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1380950	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 7in	Country	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	30	This corporation owes the current year In Personal Property Tax.	Yes No
24	9. Name and Address of Curre		50	10. Name and Address of New Registered	
	5. Haine and maines of earlies		81 Name	Jane & Tilel	
LEE	, WILLIAM D		82 Street A	ddrog (R.O. Boy Number is Not Acceptable)	<u>#_ f</u>
11025 GULF BLVD.			Street A	ddress (P.O. Box Number is Not Acceptable)	So.
TREASURE ISLAND FL 33706			83	1 Patrobus T	,
			84 City	+ retersburg, For	85 Zip Code 33207-1817
	007.05	00 - 1 007 4500 Ft ide 0144		FL	abancina ita ragistarad
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	עב and 607.1508, Florida Statute: ביי Florida. Such change was au	s, the above-hamed c thorized by the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appo	intment as registered
	/ - / / / / / / / / / / / / / / / / /			1.00	
SIGNATURE	Signature, typed or printed name of registered age	enter - WAYNE	Registered Agent signature rec	Ler 1-9-9 guired when reinstating) DATE	7
12.	<u> </u>	ND DIRECTORS	13.	ADDITIONS/CHANGEŞ TO OFFICERS A	
TITLE	D	DELETE	4 4 7 7 5		
NAME	LEE, WILLIAM D.	A	1.1 TITLE	STRHOOR I DIVECTAR	Change Addition
STREET ADDRESS	_ ,	X	1.3 TILLE 1.2 NAME		Change Addition
WILLIAM TOPICOG	12555 EAST 5TH ST	X		FleANOre Lea-	AS T
CITY-ST-ZIP	12555 EAST 5TH ST TREASURE ISLAND FL		1.2 NAME	Eleanore Lea-	
	I '	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS	FleANOre Lea-	AS T
CITY-ST-ZIP	I '		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	FleANOre Lea-	45T 2 33786
CITY-ST-ZIP	TREASURE ISLAND FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	FleANOre Lea-	45T 2 33786
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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 if on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: X

1-9-99 Date

727-360-4789