

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Division of Corporations and Charitable Organizations

DOCUMENT # **G60479**

(4)

1. Corporation Name

MCNABB RENTALS, INC.

RECEIVED
AND
FILED

MAY 5:25

DEPARTMENT OF STATE
DO NOT REASSESS, FLORIDA

Principal Place of Business

Mailing Address

3801 BEE RIDGE RD
#4
SARASOTA FL 34278
US

P O BOX 10232
SARASOTA FL 34278
US

3. Date of Incorporation or Organization

09/21/1983

3a. Date of Last Report

04/19/1994

2. Principal Place of Business

2a. Mailing Address

21 98 Sarasota Center Blvd.

26

4. FFI Number

59-2504694

Applied For

Not Applicable

22 Suite Apt # etc

27 Suite Apt # etc

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Suite B

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Sarasota, FL

29 City & State

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

25 34240

26 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNABB, DAVID
5471 CYNTHIA LANE
SARASOTA FL 34235

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD
2. NAME	MCNABB, DAVID
3. STREET ADDRESS	5471 CYNTHIA LANE
4. CITY, ST, ZIP	SARASOTA FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims not qualify for the exemption stated in law 199.032, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as it reaches under oath. That I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

379-2846