

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

93 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95551 (4)

1. Corporation Name

SUN RENTALS, INC.

2. Principal Place of Business

334 1ST STREET
CALLAHAN FL 32011

3. Mailing Address

334 1ST STREET
CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered 10/05/1987
3a. Date of Last Report 04/29/1994

2. Principal Place of Business

21 State Apt. # etc.

2a. Mailing Address

26 State Apt. # etc.

4. FID Number
59-2847990

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has notified the appropriate law enforcement agency of its Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

PEARSALL, WILLIAM J.
10263 WHISPERING FOR. DR., #808
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name PEARSALL WILLIAM J.
82 Street Address (P.O. Box Number is Not Acceptable) 208 S. ORANGE ST
83
84 City GREEN COVE SPRINGS FL 85 Zip Code 32043

11. Pursuant to the provisions of Sections 607, 609, and 609.01, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I, the Secretary of State, hereby certify that such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE WILLIAM J. PEARSALL PRES. William J. Pearsall 4-27-95

12. OFFICERS AND DIRECTORS
NAME DPT
PEARSALL, WILLIAM J.
10263 WHISPERING FOREST DR #808
JACKSONVILLE FL

NAME S
RUTHLAND, WILLIAM
334 E. 1ST ST.
CALLAHAN FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (12)
☒ Change ☐ Addition

1. NAME 11758 LORETTA WOODS CT
JACKSONVILLE FL 32223

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

14. I, the Secretary of State, hereby certify that the information supplied by the filer is true and correct and that the filer is in compliance with the provisions of the Florida Statutes. I further certify that the filer has paid the required filing fee and that the filer is in compliance with the provisions of the Florida Statutes. I hereby certify that the filer is in compliance with the provisions of the Florida Statutes. I hereby certify that the filer is in compliance with the provisions of the Florida Statutes.

SIGNATURE: WILLIAM J. PEARSALL 4-27-95 904-284-2872