FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **408143** **(6)**

1. Corporation Name
TRI-LEISURE RENTALS, INC.

Principal Place of Business	Mailing Address
12108 HOOSIER CT SUITE 103 BAYONET PT FL 34667 US	12108 HOOSIER CT. SUITE 103 BAYONET PT FL 34667 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1972**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-1420078** ☐ 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

9. Name and Address of Current Registered Agent

DELZER, HARVEY V.
7920 U.S. HIGHWAY 19 N.
PORT RICHEY FL 33568

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 Section 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: HARVEY DELZER (Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JONES, ELIZABETH H	12 NAME		
STREET ADDRESS	12108 HOOSIER CT. APT. 103	13 STREET ADDRESS		
CITY ST ZIP	BAYONET POINT FL	14 CITY ST ZIP		
TITLE	SD	21 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	JONES, JAMES T	22 NAME		
STREET ADDRESS	~~6057 N. DUNKENFIELD~~ 9800 N HIDDEN LANE	23 STREET ADDRESS		
CITY ST ZIP	~~CRYSTAL RIVER FL~~ FL 34628 NEW PORT RICHEY	24 CITY ST ZIP		
TITLE	VD	31 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	JONES, RICHARD A	32 NAME		
STREET ADDRESS	6048 MOONGATE ROAD	33 STREET ADDRESS		
CITY ST ZIP	SPRING HILL FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	TREASURER	☐ Change ☐ Addition
NAME	JONES, LLOYD J.	42 NAME		
STREET ADDRESS	12108 HOOSIER CT., APT. 103	43 STREET ADDRESS		
CITY ST ZIP	BAYONET POINT FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. To the best of my knowledge and belief, the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed or added by this report.

SIGNATURE: [signature] MAY 1, 1995 813.869.7279
SIGNATURE AND TITLE OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

0460617 FP