

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 20 1997 8:00am
Secretary of State

DOCUMENT # 429000

(3)

1. Corporation Name
SPACE RENTALS, INC.

Principal Place of Business

1270 WINDSOR PLACE
JACKSONVILLE FL 32205
US

Mailing Address

1270 WINDSOR PLACE
JACKSONVILLE FL 32205-7859
US

2. Principal Place of Business

21 1903 Woodmere Dr
Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL

24 Zip 32210

Country

2a. Mailing Address

26 1903 Woodmere Dr
Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL

29 Zip 32210

Country

3. Date Incorporated or Qualified

06/22/1973

3a. Date of Last Report

03/12/1996

4. FEI Number

50-1472093

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

ALLEN, PAMELA L.
1270 WINDSOR PLACE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name

~~Allen, Pamela L.~~ PPA

82 Street Address (P.O. Box Number is Not Acceptable)

~~1270 Windsor Place~~ PPA

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 corporation or registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PTD NAME ALLEN, PAMELA L. STREET ADDRESS 1270 WINDSOR PLACE CITY, ST, ZIP JACKSONVILLE FL 32205	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME ALLEN, RUBEN G. STREET ADDRESS 1270 WINDSOR PLACE CITY, ST, ZIP JACKSONVILLE FL	1.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.3 STREET ADDRESS 1270 WINDSOR PLACE	1.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.4 CITY, ST, ZIP JACKSONVILLE FL 32205	1.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.1 TITLE	2.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	2.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.3 STREET ADDRESS	2.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.4 CITY, ST, ZIP	2.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.1 TITLE	3.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	3.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.3 STREET ADDRESS	3.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.4 CITY, ST, ZIP	3.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.1 TITLE	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	4.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.3 STREET ADDRESS	4.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.4 CITY, ST, ZIP	4.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.1 TITLE	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	5.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.3 STREET ADDRESS	5.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.4 CITY, ST, ZIP	5.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.1 TITLE	6.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	6.2 NAME Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.3 STREET ADDRESS	6.3 STREET ADDRESS Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.4 CITY, ST, ZIP	6.4 CITY, ST, ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I do 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 on Back 8 (2) or Back 13 (3) if changed; or on an attachment with an address.

SIGNATURE:

Pamela L. Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97

Date

904-388-5027

System Phone #

CR2E034 (9/96)