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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 524284

(7)

1. Corporation Name

GOLD COAST RENT-ALL, INC.

Principal Place of Business

119 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address

119 S. FEDERAL HIGHWAY
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1977

3a. Date of Last Report

04/20/1994

4. FEI Number

59-1714979

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

HOLMES, JOHN T.
119 SOUTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME HOLMES, JOHN H.
STREET ADDRESS 2900 NE 14TH ST. #1004
CITY-ST-ZIP POMPANO BEACH FL

TITLE VD
NAME HURST, TERRY
STREET ADDRESS 219 NW 110 WAY
CITY-ST-ZIP CORAL SPGS FL

TITLE PTD
NAME HOLMES, JOHN T.
STREET ADDRESS 3811 N.E. 34TH AVENUE
CITY-ST-ZIP FT LAUD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

555 V. a. Venosa
Deerfield Beach, Florida

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is in truth; that I am an officer or director of the corporation or the receiver or trustee empowered appearing in Block 12 or Block 13 (change), or on an attachment with an address.

not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is in truth; that I am an officer or director of the corporation or the receiver or trustee empowered appearing in Block 12 or Block 13 (change), or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature)