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

**FILED** Mar 04 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (5)586447 RENTAL T.V., INC. Mailing Address Principal Place of Business 4015 E. VENICE AVE. 4015 E. VENICE AVE. VENICE FL 34292 VENICE FL 34292 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1978 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1862794 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **HUTCHINSON, E. HENRY** 4015 EAST VENICE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34292 83 84 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE STD 1.1 TITLE **HUTCHINSON, ELIZABATH** 1.2 NAME NAME 4015 E. VENICE AVE. STREET ADDRESS 1.3 STREET ADDRESS VENICE FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP Addition DELETÉ Change TITLE VD 21 TITLE JOHNSON, JUDITH L. NAME 2.2 NAME 4015 E. VENICE AVE. 2.3 STREET ADDRESS STREET ADDRESS **VENICE FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **HUTCHINSON. HENRY** 3.2 NAME NAME 4015 E. VENICE AVE. 3.3 STREET ADDRESS STREET ADDRESS **VENICE FL** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. I 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

**6.3 STREET ADDRESS** 

NAME

STREET ADDRESS CITY-ST-ZIP

2/20/00