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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 4:04

DOCUMENT # 658178 (9)

1. Corporation Name

ALOHA AUTO RENTAL & LEASING, INC.

Principal Place of Business

219 S.COCOA BLVD.
COCOA FL 32922

Mailing Address

219 S.COCOA BLVD.
COCOA FL 32922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/06/1980

3a. Date of Last Report
03/04/1994

4. FEI Number
59-1989255

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

2. Principal Place of Business

21 193 St. Croix Avenue

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 0086

Suite, Apt. #, etc.

22 City & State

23 Cocoa Beach, FL
Zip 32931 Country

27 City & State

28 Cocoa Beach, FL
Zip 32932-0086 Country

24 Brevard

29 Brevard

9. Name and Address of Current Registered Agent

GALLOWAY, ROBERT A.
219 S.COCOA BLVD.
COCOA FL 32922

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 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 fee if applicable)

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	GALLOWAY, ROBERT A.	193 ST. CROIX AVE.	COCOA BEACH FL
ST	GALLOWAY, NATALIE A.	193 ST. CROIX AVE.	COCOA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td>Change</td><td>Addition</td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP</td><td>Change</td><td>Addition</td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP</td> <td>Change</td> <td>Addition</td>	2.4 CITY - ST - ZIP	Change	Addition
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14. I do hereby certify that the information set forth herein is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(3)(k), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

1/16/95
Date

407 783 7096
Telephone #