

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90067 041 ***150.00

0442289

DOCUMENT # F06352

1. Corporation Name
RENTAL MAN, INC.

Principal Place of Business
11485-1 CLEVELAND AVENUE
FT MYERS FL 33907

Mailing Address
11485-1 CLEVELAND AVENUE
FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1980

4. FEI Number

59-2064444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

BOE, DEBRA B
11485 CLEVELAND AVE, STE 1
FT MYERS FL 33907

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOHNSTON JR CHARLES R
STREET ADDRESS 11485-1 CLEVELAND AVENUE
CITY-ST-ZIP FT MYERS, FL 00000

☒ DELETE

TITLE VP
NAME BOE, DEBRA
STREET ADDRESS 11485-1 CLEVELAND AVENUE
CITY-ST-ZIP FT MYERS FL

☐ DELETE

TITLE ST
NAME BERRY, MARY LOUISE
STREET ADDRESS 11485-1 CLEVELAND AVE.
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME BOE, DEBRA R
1.3 STREET ADDRESS 11485-1 CLEVELAND AVE
1.4 CITY-ST-ZIP FT MYERS FL 33907

☒ Change

☐ Addition

2.1 TITLE S/T/D
2.2 NAME BERRY, MARY LOUISE
2.3 STREET ADDRESS 11485-1 CLEVELAND AVENUE
2.4 CITY-ST-ZIP FORT MYERS FL 33907

☒ Change

☐ Addition

3.1 TITLE D
3.2 NAME BERRY, DANIEL W
3.3 STREET ADDRESS 2227 TREEHAVEN CIRCLE
3.4 CITY-ST-ZIP FORT MYERS FL 33907

☐ Change

☒ Addition

4.1 TITLE D
4.2 NAME JOHNSTON, JAMES C
4.3 STREET ADDRESS 1705 COLONIAL BLVD
4.4 CITY-ST-ZIP FORT MYERS FL 33907

☐ 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 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, with all other like empowered.

SIGNATURE:

Mary Louise Berry

MARY LOUISE BERRY

Date

1/27/99 936-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

(941)

CR2E034 (11/98)