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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 07 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

HUNT LEASING & RENTAL CORPORATION

									O IIII O OO O			LIBIA DUBAL KUDI
Principal Place of Business Mailing Address												
8211 ADAMO DR TAMPA FL 33602			P O BVOX 1612 Tampa FL 33802						DO NOT WOIT	E 161 118	00405	
US			US					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
								05/19/19				
2. Principal F	Place of Busines	ss	2a. Mailing Address					4. FEI Number				Applied For
21			26									Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of	Status Desired		•	5 Additional Required
City & State			City & State					6. Election Cam	paign Financing		\$5.0	May Be
23			28					Trust Fund C				d to Fees
Z ip		Country	Zip		Country			8. This corporal	tion owes or has p	aid the cu	rrent year	Intangible
24	25		29	30					perty Tax due Jun		Yes	□No
		nd Address of Curre	nt Registered Agent		4			10. Name and A	ddress of New R	egistered	Agent	
	ISS, MICHAEL				81	Nan	ne					
CENTRE SQUARE						82 Street Address (P.O. Box Number is Not Acceptable)						
		Lorida avenue										
TAMPA FL 33602					63							
					84	City				FL	85 Zi	p Code
11. Pursuant	to the provision	ns of Sections 607.050	02 and 607.1508, Florida Stat	utes, the a	Boye	-nam	ed corpo	ration submits this	statement for the	purbose c	f changing	its registered
office or i	realstered agen	nt, or both, in the State	of Florida. Such change was lations of, Section 607,0505.	s authorize	ed by	/ the c	orporatio	n's board of direct	lors. I hereby acce	pt the ap	pointment i	as registered
•	and tentimest with	, and accept the oblig	ations of, bection obv.0303, i	I IOIIOA OII	110102	·.						
SIGNATURE Signature, typed or printed name of registered agent and little # applicable. (NOTE I						nt signa	ture required	when reinstating)		DATE		
12.	- <u></u>	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/C	HANGES TO OFFI	CERS ANI	D DIRECTO	ORS IN 12
TITLE	V		DELETE	1.1	TITLE						Chang	e 🔲 Addition
NAME	KOULOUP			1.2 1	NAME							
STREET ADDRESS	2310 S O	CCIDENT		1.3 \$	STREET	ADDRES	s					
CITY-ST-ZIP	TAMPA, F	L 00000		1.4 0	CHTY-S	T-ZIP						
TITLE	P		DELETE	2.1	TITLE						Chang	e 🔲 Addition
NAME	GUIDRY, I		1	2.21	MAME		-					
STREET ADDRESS	2605 CAR	rollake St.		2.3 STREE		ADDRES	is					
CITY-ST-ZIP	TAMPA FL	-		2. 4	CITY-S	ST - ZIP	1					
TITLE	SD		☐ DELETE	3.1 7	IIILE						Chang	e 🔲 Addition
NAME	RANGER,			3.21	NAME		}					
STREET ADDRESS		BEL CIRCLE SO.		3.3 9	STREET	ADDRES	s					
CITY-ST-ZIP	TAMPA FL	<u>. </u>		3.4.	CITY-S	ST-ZIP						
TITLE	D		DELETE	4.1 1	TITLE				-		Change	e 🔲 Addition
NAME		I, Robert		4.2	Name							
STREET ADDRESS	633 STON			435	STREET	ADDRES	s					
CITY-ST-ZIP	BRANDON	I FL		440	CITY-S	T - ZIP						
TITLE			☐ DELEYE	5.11	IITLE						Change	e 🔲 Addilion
NAME				5.21	MAME							
STREET ADDRESS				5.3 9	STREET	ADDRES	s					
CITY-ST-ZIP				5.4 0	CITY-S	T-ZIP						
TITLE			DELETE	6.1 1	TITLE						Chang	e Addition
NAME				6.21	NAME							
STREET ADDRESS				6.3 9	STREET	ADDRES	s					
CITY-ST-ZIP				6.4 0	CITY-S	T-ZIP		_				
14. I hereby	certify that the in	nformation supplied w	rith this filing does not qualify all annual report is true and a	for the ex	empl	tion st	ated in Si	ection 119.07(3)(i)	, Florida Statutes.	I further co	ertify that t	he information
officer or	director of the o	corporation or the rec	al annual report is true and all giver er trublee empowered to prinent with an address.	o execute	this r	report	as requir	red by Chapter 60	7, Florida Statutes	and that	my name a	appears in