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

DOCUMENT # F93000002022

FULLER RENTING & LEASING, INC.

Principal	Place of	Business
p		

837 NE 20TH AVENUE FT. LAUDERDALE FL 33304 Mailing Address

P.O. BOX 1149

AUBURN AL 36831-1149

FILED

Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90013 017 ***158.75



		DO NOT WRITE IN THIS	OFAGE
		3. Date Incorporated or Qualifed	
		04/29/1993	.* *
Principal Place of Business Za. Mailing Address		4. FEI Number	Applied For
		,	Not Applicable
21		58-1519962	
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22 27			Fee Required
City & State City & State		6. Election Campaign Financing	\$5.00 May Be
23 28	•	Trust Fund Contribution	Added to Fees
	Country	# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	
		8. This corporation owes the current year Int	langibie DiYes □No
24 25 29	30	Personal Property Tax.	
Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent
A STATE OF S	81 Name		
MAASS, ROBB		(7.0.0.)	
321 ROYAL POINCIANA PLAZA S	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480	Antition of some one and the moving plane arrange of the description of the factor of		
FALM DEACH FL 33400	83		
A Committee of the Comm	84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
	84 City	FL	85 Zip Code
11 Directant to the provisions of Sections 607 0502 and 607 1508 Florida Statute	es the above-named com	oration submits this statement for the number of	changing its registered
office or registered agent, or both, in the State of Florida, Such change was at	uthorized by the corporation	on's board of directors. I hereby accept the appoi	ntment as registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute of Section 607.0	ida Statutes.		
SIGNATURES SECULIARY			
Signature, typed or printed name of registered agent and title if applicable." (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE P DELETE	1.1 TITLE	等。17.15次等3	☐ Change ☐ Addition
			[
NAME FULLER, H.D.	1.2 NAME		
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CITY-ST-ZIP CLEARWATER FL 34616	1,4 CITY-ST-ZIP		
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arim no sessor	2.2 NAME		
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CITY-ST-ZIP OPELIKA AL 36801 TELEGIE SENERAL TELEGIE STEERE LET	2. 4 CITY-ST-ZIP		
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or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ent with an address, with all other like empowered.

SIGNATURE