FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:15

DOCUMENT # **F94000000085 (0)**

1. Corporation Name
FUN RENTALS FRANCHISING, INC.

Principal Place of Business	Mailing Address
4818 CORONADO PKWY CAPE CORAL FL 33904	4818 CORONADO PKWY CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 65-0447984 ☐ 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

9. Name and Address of Current Registered Agent

BURNS, PETER J III
4818 CORONADO PKWY
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: JOSEPH L. LANKTREE
82 Street Address (P.O. Box Number is Not Acceptable): 1250 ARCOLA DR
83: FT. MYERS FL
84 City: FT MYERS FL 85 Zip Code: 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	11 TITLE	S/O	☒ Change ☐ Addition
NAME	BURNS, PETER J III	12 NAME	Joseph L. Lanktree	
STREET ADDRESS	4818 CORONADO PKWY.	13 STREET ADDRESS	1250 Arcola Dr.	
CITY-ST-ZIP	CAPE CORAL FL 33904	14 CITY-ST-ZIP	Ft. Myers, FL 33919	
TITLE	DT	21 TITLE	T/S/D/P	☒ Change ☐ Addition
NAME	SIMON, RONALD S	22 NAME	Herschell Roger Coil	
STREET ADDRESS	4818 CORONADO PKWY.	23 STREET ADDRESS	4818 Coronado Pkwy	
CITY-ST-ZIP	CAPE CORAL FL 33904	24 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	31 TITLE	D	☒ Change ☐ Addition
NAME	BLANCHARD, LEM DR	32 NAME	Russell A Whitney	
STREET ADDRESS	4818 CORONADO PKWY.	33 STREET ADDRESS	4818 Coronado Pkwy	
CITY-ST-ZIP	CAPE CORAL FL 33904	34 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joseph L. Lanktree 3-27-95 813 542-8999
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0880100 CP