

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F94000006553** ✓

1. Corporation Name

SUNBELT RENTALS, INC.

Principal Place of Business

**611 TEMPLETON AVE.
SUITE 107
CHARLOTTE NC 28203**

Mailing Address

**611 TEMPLETON AVE.
SUITE 107
CHARLOTTE NC 28203**

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90021 028 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1994

4. FEI Number

56-1365387

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PARRISH, JIMMIE
9315 OLD KINGS RD S
JACKSONVILLE FL 32257**

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** ☐ DELETE

NAME **DRESSEL, BRUCE**
STREET ADDRESS **611 TEMPLETON AVE, #107**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **CFO** ☐ DELETE

NAME **KENKEL, KURT**
STREET ADDRESS **611 TEMPLETON AVE**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **SD** ☐ DELETE

NAME **ANDERSON, ALAN**
STREET ADDRESS **611 TEMPLETON AVE.**
CITY-ST-ZIP **CHARLOTTE NC 28203**

TITLE **D** ☐ DELETE

NAME **LEWIS, PETER**
STREET ADDRESS **611 TEMPLETON AVE.**
CITY-ST-ZIP **CHARLOTTE NC 28203**

TITLE **D** ☐ DELETE

NAME **BURNETT, GEORGE**
STREET ADDRESS **611 TEMPLETON AVE.**
CITY-ST-ZIP **CHARLOTTE NC 28203**

TITLE ☐ DELETE

NAME **WILLIAMS, JIM**
STREET ADDRESS **1000 WILSON BLVD**
CITY-ST-ZIP **CHARLOTTE NC 28203**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Kurt Kenkel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-21-99 704-348-2676

CR2E034 (5/99)

011/555