## 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 # F9500000476

CREEKSIDE RENTALS, INC.

Principal Place	of Rusiness	Mailing Address			
101 AMANDA P		101 AMANDA PLACE			
OAK RIDGE TN 37830		OAK RIDGE TN 37830		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				01/27/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		62-1438788 Not Applic	$\overline{}$
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additions	al
22		27		Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	<i>)</i>
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	1
24	25	1=-1		Personal Property Tax. Large Large No  10. Name and Address of New Registered Agent	-
	9. Name and Address of Curr	ent Registered Agent	81 Name # /	/ Name and Address of New Registered Agent	$\neg \neg$
HOPPE, LISA A			H	dress (P.O. Box Number is Not Acceptable)	$\dashv$
2403 W. PALM DR., #2			799	2 10TH Ave South	
- IAMI	PA FL 33629		83	Petersburg	
			84 City	FLA FL 85 Zip Code 3 3 7 0	7
) office or r	onintered exact or both in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was aut gations of, Section 607.0505, Floric	honzed by the cornors:	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	red
		$\nu$	da Statutes.	3-4-99	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	Registered Agent signature requi	red when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Ad	ddition
NAME	HOPPE, W C		1.2 NAME		
STREET ADDRESS	101 AMANDA PLACE		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	OAK RIDGE TN 37830		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ A	ddition
NAME			2.2 NAME	,	}
STREET ADDRESS	-		2.3 STREET ADDRESS	in the second	[
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ A	ddition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		l

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

OFFICER OR DIRECTOR

Change

Addition

☐ Change ☐ Addition

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90173 035 \*\*\*150.00