, PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700003186

SANDPIPER RENTALS, INCORPORATED

| Principal Pla | ice of Busines: |
|---------------|-----------------|
| 1411 NORTH    | 27TH AVENUE     |
| PHOENIX AZ    | 85009           |

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1411 NORTH 27TH AVENUE PHOENIX AZ 85009

## FILED May 03, 1999 8:00 am Secretary of State 05-03-1999 90121 017 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

06/18/1997

4. FEI Number

| 21                    |  | 26 P.O. Box 19250            |                   |                                  | 86-0869342   | No                   | t Applicable |
|-----------------------|--|------------------------------|-------------------|----------------------------------|--|----------------------|--------------|
| Suite, Apt. #         | ŧ, etc.  | Suite, Apt. #, etc.          |                   | 5. Certificate of Status Desired | \$8.75 #   | Additional           |              |
| 2                     |  | 27                           |                   | 5. Certifcate of Status Desired  | Fee Re   | quired               |              |
| City & State          | }  | City & State                 |                   | 6. Election Campaign Financing   | \$5.00   | May Be               |              |
| 23                    |  | Phoenix, AZ                  |                   |                                  | Trust Fund Contribution                            | Added t              | o Fees       |
| Zip                   | Country  | Zip                          | Count             | try                              | 8. This corporation owes the current year          | ır Intangible        |              |
| 24                    | 25   | 29 85005                     | 30 U              | SA                               | Personal Property Tax.                             | ☐ Yes                | □No          |
|                       | 9. Name and Address of Current i                       |                              |                   |                                  | 10. Name and Address of New Registe                | red Agent            |              |
|                       |  |                              | 8                 | 11 Name                          |  |                      |              |
| CT CORPORATION SYSTEM |  |                              | 8                 | 2 Street Ad                      | dress (P.O. Box Number is Not Acceptable)          |                      |              |
| 1200 S PINE ISLAND RD |  |                              | "                 | Sueerna                          | diess (1.0. Box Hamber is Not / tocopiasis)        |                      |              |
| PLAN                  | ITATION FL 33324                                       |                              | 8                 | 13                               |  |                      |              |
|                       |  |                              |                   | -                                |  | 05 7:- (             | Sodo         |
|                       |  |                              | *                 | City                             |  | FL 85 Zip (          | Jode         |
| 11. Pursuant          | to the provisions of Sections 607.0502                 | and 607,1508, Florida Stati  | utes, the abo     | ove-named co                     | moration submits this statement for the purpos     | e of changing its    | registered   |
| office or re          | edistered agent, or both, in the State of              | Florida. Such change was     | authorized b      | ov the corpora                   | ation's board of directors. I hereby accept the a  | ppointment as re     | gistered     |
| agent. I ar           | n familiar with, and accept the obligation             | ons or, Section 607.0505, F  | IUIUA SIAIUI      | ⊏8.                              |  |                      |              |
| SIGNATURE             | Signature, typed or printed name of registered agent a | and title if apolicable (NO) | TE; Registered Ac | gent signature recu              | ired when reinstating) DAT                         | <br>E                |              |
| 12.                   | OFFICERS AND   |                              | 13.               | o.g o.q.                         | ADDITIONS/CHANGES TO OFFICER:                      | S AND DIRECTO        | RS IN 12     |
| TITLE                 | PC   | ☐ DELETE                     | 1,1 TITLE         | <u> </u>                         | Secretary, Treas., Chair                           | man X Change         | Addition     |
| NAME                  | BEAUDOIN, JEFFREY D                                    |                              | 1.2 NAMI          | _                                |  |                      |              |
| STREET ADDRESS        | 1411 N 27TH AVENUE                                     |                              |                   |                                  | Beaudoin, Jeffrey D.                               | •                    |              |
|                       |  |                              | 1.4 CITY          | et zin                           | 1411 N. 27th Avenue<br>Phoenix, AZ 85009           |                      | )            |
| CITY-ST-ZIP           | PHOENIX AZ 85009                                       | ☐ DELETE                     | 2.1 1111.6        | - 1                              |  | X Change             | Addition     |
| TITLE                 | NODTH (CDDV  | - Deterio                    | 2.2 NAM           | _  V                             | ice President                                      |                      |              |
| NAME                  | NORTH, JERRY   |                              |                   | J.                               | erry North   |                      |              |
| STREET ADDRESS        | 1504 TAMPA EAST BLVD NE                                |                              |                   | EET ADDRESS 3                    | 255 Mulford Rd.,                                   |                      | ì            |
| CITY-ST-ZIP           | TAMPA FL 33619   | ☐ DÉLETE                     |                   |                                  | ulberry FL 33860                                   | X Change             | ☐ Addition   |
| TITLE                 | V  |                              | 3.1 TITLE         | L.                               | resident   | And onlyinge         |              |
| NAME                  | WILES, DOUG  |                              | 3.2 NAM           | ì                                | oug Wiles  |                      |              |
| STREET ADDRESS        | 1504 TAMPA EAST BLVD NE                                |                              |                   | lan-                             | 411 N. 27th Avenue                                 |                      |              |
| CITY-ST-ZIP           | TAMPA FL 33619   |                              | _                 |                                  | hoenix, AZ 85009<br>ice President                  | X Change             | ☐ Addition   |
| TITLE                 | STVC   | ☐ DELETE                     | 4.1 TITLE         | ۔<br>الم                         | ndrew Kramer                                       | -F1 cuange           | - Accinoli   |
| NAME                  | KRAMER, ANDREW   |                              | 4. 2 NAM          | "- <sub>1</sub>                  |  |                      |              |
| STREET ADDRESS        | 1411 N 27TH AVENUE                                     |                              | 4.3 STR           | CC / ADDITION                    | 411 N. 27th Avenue                                 |                      |              |
| CITY-ST-ZIP           | PHOENIX AZ 85009                                       |                              |                   |                                  | hoenix, AZ 85009                                   | <u> </u>             |              |
| TITLE                 |  | ☐ DELETE                     | 5.1 TITLE         |                                  |  | Change               | ☐ Addition   |
| NAME                  |  |                              | 5.2 NAM           |                                  |  |                      |              |
| STREET ADORESS        |  |                              | 5.3 STRE          | EET ADDRESS                      |  |                      |              |
| CITY-ST-ZIP           |  |                              |                   | -ST-ZIP                          |  |                      |              |
| TITLE                 |  | ☐ DELETE                     | 6.1 TITLE         | E                                |  | Change               | ☐ Addition   |
| NAME                  |  |                              | 6.2 NAM           | E                                |  |                      |              |
| STREET ADDRESS        |  |                              | 6.3 STRI          | EET ADDRESS                      |  |                      |              |
| CITY-ST-ZiP           |  |                              | 6.4 CITY          | -ST-ZIP                          |  |                      |              |
| 14 I boroby s         | ertify that the information supplied with              | this filing does not qualify | for the exem      | otion stated in                  | n Section 119.07(3)(i), Florida Statutes. I furthe | r certify that the i | nformation   |

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.

SIGNATURE:

J. BEAUDOIN

602-269-3221