

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 031 ***150.00

DOCUMENT # G09695

1. Corporation Name

COUNCIL RENTAL PROPERTY, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1982

4. FEI Number

59-2272372

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COUNCIL, LUTHER E.
1872 MILLS
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name

NANCY T. COUNCIL

82 Street Address (P.O. Box Number is Not Acceptable)

1872 MILL ST

83

84 City

TALLAHASSEE,

FL

85 Zip Code

32310

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

Nancy T. Council
Signature, typed or printed name of registered agent and title if applicable.

NANCY T. COUNCIL, PRESIDENT

1-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COUNCIL, LUTHER E.	
STREET ADDRESS	P.O. BOX 2025 BOSTICK RD	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COUNCIL, NANCY T.	
STREET ADDRESS	P.O. BOX 2025 BOSTICK RD	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT /DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NANCY T. COUNCIL	
1.3 STREET ADDRESS	P. O. BOX 2025, BOSTICK ROAD	
1.4 CITY-ST-ZIP	QUINCY, FL 32353	
2.1 TITLE	SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUTHER E. COUNCIL /DIRECTOR	
2.3 STREET ADDRESS	P. O. BOX 2025 BOSTICK ROAD	
2.4 CITY-ST-ZIP	QUINCY, FL 32353	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

Nancy T. Council
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99 850 627-7463

CR2E034 (11/98)