

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Maxfield
Secretary of State
Division of Corporations and Banks

DOCUMENT # **G60479**

(4)

APPROVED
AND
FILED

1. Corporation Name

MCNABB RENTALS, INC.

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3801 BEE RIDGE RD
#4
SARASOTA FL 34278
US

P O BOX 10232
SARASOTA FL 34278
US

2. Principal Place of Business
21 98 Sarasota Center Blvd.

Suite # or Blk.

22 Suite B

City & State

23 Sarasota, FL

City & State

24 34240

City & State

26 Mailing Address
26

Suite Apt. # or Blk.

27

City & State

28

City & State

29 USA

Country

30

9. Name and Address of Current Registered Agent

**MCNABB, DAVID
5471 CYNTHIA LANE
SARASOTA FL 34235**

4. FEI Number
59-2504694

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

7. The corporation has liability for intangible tax under S-199.032.
Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code**
FL

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 607.1508, Florida Statutes.

SIGNATURE

DAVID MCNABB, Registered Agent and Director

FD-100, Department of State, Report of Annual Report of Corporations

100-19

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCNABB, DAVID	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5471 CYNTHIA LANE	1. NAME	
STREET ADDRESS	SARASOTA FL	1. STREET ADDRESS	
CITY ST ZIP		1. CITY ST ZIP	
TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY ST ZIP		2. CITY ST ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		3. CITY ST ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY ST ZIP		5. CITY ST ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY ST ZIP		6. CITY ST ZIP	

12. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption indicated in the form FD-100 (C-6). 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 the 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 addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

379-2846

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