

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H28589** (0)

1. Corporation Name
GALEANA RENT-A-CAR, INC.



Principal Place of Business

**14375 S. TAMiami TRAIL
FORT MYERS FL 33912**

Mailing Address

**14375 S. TAMiami TRAIL
FORT MYERS FL 33912**

3. Date Incorporated or Qualified
11/05/1984

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

4. FEI Number

31-1129581

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MUDRY, LEON
14375 S. TAMiami TRAIL
FORT MYERS FL 33912-8943**

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

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PD
GALEANA, FRANK
13323 ROSEWOOD LANE
NAPLES FL**

☐ DELETE

12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**VP
MUDRY, LEON
14375 S. TAMiami TRAIL
FORT MYERS FL**

☐ DELETE

12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**S
BOONE, WANDA
3525 23RD AVENUE S.W.
NAPLES FL**

☐ DELETE

12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**T
GALEANA, CARL
1020 ELMSMERE DR
NORTHVILLE MI**

☐ DELETE

12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

12.6 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Galeana, pres.

2/28/96

Date

Daytime Phone #

CR2E034 (12/95)