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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H38328**

(1)

WALES RENT-ALL, INC. Mailing Address Principal Place of Business % NORMAN P. VOORHEES % NORMAN P. VOORHEES 243 E. BULLARD AVENUE 243 E. BULLARD AVENUE LAKE WALES FL 33853 LAKE WALES FL 33853-3776 3. Date Incorporated or Qualified 3a. Date of Last Report 01/14/1985 06/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2478506 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes No Zip Country Zip 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VOORHEES, NORMAN P. 243 E. BULLARD AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 63 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Supervise type non-proced more of registered agent and little ril applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1.7171.6 Change Addition TITLE VOORHEES, NORMAN P. 1.2 NAME NAME 1222 DRUID CIRCLE 13 STREET ADDRESS STREET ADDRESS LAKE WALES FL CITY-SI-ZIP 1.4 CITY - ST - ZIP n DELETE Change Addition 21 TITLE TITLE **VOORHEES, JOSETTE** 2.2 NAME NAME 1222 DRUID CIRCLE 2.3 STREET ADDRESS STREET ADDRESS LAKE WALES FL CITY-SI 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7⊮ Addition DELETE ☐ Change TITLE 4.1 TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change DELETE Addition THILE 5 1 TITLE 5.2 NAME MAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - S1 - ZIP DELETE 61 TITLE Change ☐ Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY- ST-ZIP 6 4 CITY - ST - ZIP 14. I do 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

SIGNATURE:

appears in Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tachment with an ad-

Block 13 if charged or on an

FILED

Jan 28 1997 8:00am

Secretary of State

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