## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

- PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H38468

(5)

THE RENTAL STATION, INC.

THE NEXT STOP, INC

Principal Place of Business

C/O FRANKIE E. CARPENTER

Mailing Addre

C/O FRANKIE E. CARPENTER

**FILED** May 06 1997 8:00am Secretary of State



2000 W. VINE ST. 2000 W. VINE ST. KISSIMMEE FL 34741 KISSIMMEE FL 3474					
TOO MINE TE	•		•	3. Date Incorporated or Qualified 01/17/1985	3a. Date of Last Report 03/25/1996
	lace of Business	2a. Mailing Address	0.1	4. FEI Number	Applied For
21 177	5 HARbOR Rd	26 1775 HARD	we Rd	59-2478625	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 KISSI	IMMEE, FL Country	28 Kissimmee	<u>FL</u>	Trust Fund Contribution	Added to Fees
	746 25 USA	29 34746 3	Country  O USA	6. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes D No
	9. Name and Address of Curren			10. Name and Address of New Re	gistered Agent
- <del>200</del> 0	RPENTER, FRANKIE E. D <del>.W.VINE STREE</del> T SIMMEE FL <del>32741 -</del>		81 Name 82 Street A / 77	ddress (P.O. Box Number is Not Acceptab 7 5 Haebon Rd	le)
,			84 City		FL 85 Zip Code 34746
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508. Florida Statutes	the above-named o	corporation submits this statement for the p	venera of changing its registered
office or r	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corporate	portation's board of directors. Thereby accept	t the appointment as registered
1	Illian Life S	phons of, deciron cor. coco, mon	e E Anors		4-17-97
SIGNATURE	Proparate typed or printed name of registered ag-	erk and tille if applicable (NOTE	E. CAPJEN Registered Agent signature r	equired when reinstating)	DATE
12.	1	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	CARPENTER, FRANKIE E.		1.2 NAME		
STREET ADDRESS	2000 W.VINE STREET		1.3 STREET ADDRESS	1775 HARbOR Rd	
CITY-ST-ZIP	KISSIMMEE FL		1.4 CITY - ST - ZIP		
TOLE		DELETE	2.1 TITLE		Change Addition
NAME	1		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CCTY - ST - ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1-ZIP	· ·		3.4. CITY-ST-ZIP		
THILE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZiP		,
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	L.	1 211/2
STREET ADDRESS			5.3 STREET ADDRESS	$\mathscr{A}_{I}$	9 4/0/97
City St-Zip	]		5.4 CITY-ST-ZIP	71	17917
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	40000217	'9254
STREET ADDRESS			6.3 STREET ADORESS	40000217 -05/15/97010	08012
			6.4 CITY-ST-ZIP	***165.00	
C(1Y · S1 · Z(F	L	duith this files does not sublify		stad in Section 110 07/3)(i) Florida Statute	e I further certifu that the

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 appears in Block 12 or Block 13 stehanged, or on an attachment with an address.

SIGNATURE:

## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION IAL REPORT <b>1997</b>		DI	Sandra B. Mor Secretary of S DIVISION OF CORPO							
	MENT #	P13225		(8)	***************************************	***************************************					٠
PLANT-C	PERATIONS	PERSONNEL, II	<del>10</del>	,		1	1				
		EE SERVICES,		N/C	1/14	197	2				
Principa: Place	of Business		Mailing Addr	ess	t - 7	<u>-</u>		- VIII III OA III III III III III III III I			
140 NO MAIN S SUMMERVILLE : US			P.O. BOX 221 SCHENECTAD US	6 IY NY 12301-221	6						
								<ol> <li>Date Incorporated or Qualif 02/12/1987</li> </ol>		Date of Last R 4/22/1996	eport
	ace of Business		2a. Mailing A	ddress				4. FEI Number			oplied For
Suite, Apr. 1	# oti:		Suite, Ap	# elc				52-1371068		\$8.75	ot Applicable
Cily & State			27 City & Sta		·············			Certificate of Status Desired     Election Campaign Financh		Fee Re \$5.00	quired
23			28	•••				Trust Fund Contribution	" 🗆	Added	
Zip -	25	Country	7 <sub>1</sub> p	30	Country	y		8. This corporation has liability Florida Statutes		ble tax under s	. 199.032.
		Address of Current F	legistered Age	nt		T		10. Name and Address of New	w Register	ed Agent	
	ORPORATION				81	Name					
	S. PINE ISLAI				82	Street	Addres	s (P.O. Box Number is Not Acce	optable)		
PLAP	VITATION FL 33	324			83	ļ					
						<u> </u>					
					84	City			F	L 85 Zip	Code
11. Pursuant t	o the provisions o	of Sections 607,0502 a	nd 607.1508, F	lorida Statutes,	the abov	e-named	corpor	ation submits this statement for	the number	e of changing if	is registered
agent Lar	egister <mark>eo agent, t</mark> n familiar with, ar	or both, in the State of ad accept the obligation	riorida. Such d ons of, Section (	narige was aut 307.0505, Florid	nonzeo b da Statute	y the cor s.	rporation	's board of directors. I hereby a	iccept the i	врропинен аѕ	registered
SIGNATURE .	**************************************										
12.	Signature, typed or pre-	OFFICERS AND D		(NOTE: F	log stered Ag 13.	ent signature	a tedrated	when reinstating)  ADDITIONS/CHANGES TO C	DAT DEFICERS A	·	RS IN 12
1111	Р	OF TOTAL KIND I		DELETE	1.1 THILE		1	70011101070774100070	7,7,02,107	☐ Change	K Addition
NAME	SULLIVAN, JO	)HN L.			1.2 NAME		SEE	ATTACHED LIST			{
STREET ADDRESS	140 N. MAIN				1.3 STREE	T ADDRESS					
CHY-S1-ZIP	SUMMERVILL	E SC			1.4 CITY-	ST-ZIP	Ì				
'IllE	SDT			DELETE	2.1 TITLE					Change	Addition
NAME	GOLLIHER, R			1	2.2 NAME						
STREET ADDRESS		KARDSON AVE			2.3 STREE	T ADDRESS					ŀ
CHY-S1-74:	SUMMERVILL	e su		DE CTE	2.4 CITY-	ST-ZIP	<b></b>			T Observe	- Addition
I.lif	D SCHOLZ JR.,	MEDDEDT (	La	DELETE	31 TITLE		1			L. Change	Addition
NAME STREET ADORESS	-	HARDSON AVE			3.2 NAME	T ADDRESS					1
CHY-ST-7IP	SUMMERVILL				3.4. CITY-						
Tifté	VAT			DELETE	4,1 TITLE		<del> </del>		<del></del>	Change	Addition
NAME	ZALUCKI, RO	Bert J.			4. 2 NAME					*	
STREET ADDRESS		TE WOODS BLVD	3RD FL		4.3 STREE	T ADDRESS					Ì
City-St-ZP	ALBANY NY		····	<b></b>	4.4 CITY-	<del></del>	ļ			/_	
1 111	V	(4 <b>00</b> )	L	] DELETE	51 TITLE		HADU	EY, RICHARD L		24 Charlos	Addition
NAME	HAIREY, RICH				52 NAME		410	NORTH MAIN STREET	r	1/2	5/10/6V
STEFFE" ADDRESS	140 NORTH I				1	T ADDRESS		ERVILLE, SC 294		7//	NU TH
C TY - S1 - Z/P THILE	SUMMERVILL VAT	C 30	<del>-</del>	DELETE	5.4 CITY - 6.1 TITLE		5 OFW	HINATITIE 90 5240	J-#	Change	Addition
HILL		MADIZ E	ł	T PATER.	D. T. LIFLE		1			a Unango	First Supplied

SIRELI ADDRESS

DEV ST. 71
12 CORPORATE WOODS BLVD

ALBANY NY

13 CORPORATE WOODS BLVD

ALBANY NY

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & ASST. TREASURER

(518) 433-4308 Daylinie Phone \*