

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 # H98336

(1)

1. Corporation Name

D AND N RENTALS, INC.



Principal Place of Business

2900 7TH AVENUE, NORTH
ST. PETERSBURG FL 33713

Mailing Address

2900 7TH AVENUE, NORTH
ST. PETERSBURG FL 33713

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SLICKER, WILLIAM D.
NCNB BUILDING, SUITE 516
501 1ST AVENUE, NORTH
ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified

02/06/1986

3a. Date of Last Report

05/17/1995

4. FEI Number

59-2669132

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

10. Name and Address of New Registered Agent

81

Name

SLICKER, WILLIAM D.

82

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

447 - 3RD AVENUE NO.

83

SUITE 405

84

City

ST. PETERSBURG FL

85

Zip Code

33703

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 date

(If Not Registered Agent, Signature and Date Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
HEBERT, RICHARD F.
2900-7TH AVE. N.
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DST
WELCH, NORMA H.
2900 7TH AVENUE, NORTH
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
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6.1 TITLE
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6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

7.1 TITLE
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8.1 TITLE
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9.1 TITLE
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9.3 STREET ADDRESS
9.4 CITY-STATE-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-STATE-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-STATE-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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: NORMA H. WELCH Norma H. Welch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/25/96

Electronic Filing

CR2E034 (12/95)