

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90095 049 \*\*\*150.00

DOCUMENT # J76433

1. Corporation Name

B & R RENTAL OF JACKSONVILLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2406 HARPER STREET  
P.O. BOX 43250  
JACKSONVILLE FL 32203

Mailing Address

2406 HARPER STREET  
P.O. BOX 43250  
JACKSONVILLE FL 32203

2. Principal Place of Business

21 7014 AC SKINNER PKWY  
Suite, Apt. #, etc.

22 SUITE 290  
City & State

23 JACKSONVILLE FL

24 32256 25 USA

2a. Mailing Address

26 7014 AC SKINNER PKWY  
Suite, Apt. #, etc.

27 SUITE 290  
City & State

28 JACKSONVILLE FL

29 32256 30 USA

3. Date Incorporated or Qualified

06/08/1987

4. FEI Number

59-2818530

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BOONE, ARTHUR T.  
1221 KING STREET  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name

BRIAN M. GABREE

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

7014 AC SKINNER PARKWAY

83 SUITE 290

84 City JACKSONVILLE

FL

85 Zip Code

32256

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

Brian M. Gabree BRIAN M. GABREE

3/31/99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RAY, J. G., JR.  
STREET ADDRESS 2406 HARPER STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE DV  
NAME BREWER, J. R., III  
STREET ADDRESS 1432 CLEVELAND STREET  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE ST  
NAME GABREE, BRIAN M.  
STREET ADDRESS 2406 HARPER ST.  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PRESIDENT  
RAY, J. G., JR.  
7014 AC SKINNER PKWY, # 290  
JACKSONVILLE, FL 32256

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

SEC/TREAS.  
GABREE, BRIAN M.  
7014 AC SKINNER PKWY, # 290  
JACKSONVILLE FL 32256

☒ Change

☐ Addition

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

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian M. Gabree BRIAN M. GABREE 3/31/99 (904) 596-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0045031