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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K05070

(3)

HANDY RENTALS, INC.

FILED May 05 1998 8:00am Secretary of State

וטוואח	HENTALO, INO							
Principal Plac	e of Business	Mailing Address	······	·	1	DIOIL BIDEL BIDEL BEATE	DIDIT OF DET 1981	
2035 BRUTON BLVD 2035 BRUTON BL		2035 BRUTON BLVE)					
ORLANDO FL 32805-2142 ORLANDO FL 32805-2142			5-2142		DO NOT WRITE II	N THIS SPACE		
					3. Date Incorporated or Qualified	TITIS STACE		
					12/04/1987			
2. Principal Place of Business 2a. Mailing Address						Applied For		
21 26		26	26		59-2877059		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #		Suite, Apt. #, etc	#, etc		5. Certificate of Status Desired S8.75 Addition		5 Additional	
22		27			5. Certificate di Status Desired	Fee	Required	
City & Stat	te	City & State			8. Election Campaign Financing		00 May Be	
23		[28]			Trust Fund Contribution Added to Fees			
Zip Country		Zip	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 9. Name and Address of Curr	29 29 Apont	30		Personal Property Tax due June 3 10. Name and Address of New Regi		LI NO	
P.F.		our neglection Agent		11 Name	10. Harris and Address of Hear Defi	COLOR MAGNE		
	VAN, KENNETH V.							
640 NO HILLSIDE AVE ORLANDO FL 32803			8	Street Add	dress (P.O. Box Number is Not Acceptable	:)	İ	
Ur	RLANDU FL 32803		ā	3		·		
			E	14 City		FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.0	1502 and 607 1508 Florida 9	Statutes the abo	na hamad cor	rooration submite this statement for the nu		n its registered	
office or	registered agent, or both, in the Sta	ate of Florida, Such change	was authorized	by the corpora	poration submits this statement for the pustion's board of directors. I hereby accept	the appointment	as registered	
agent. ra	ım tamıllar with, and accept the obt	rigations of, Section 607.050	5, Fiorida Statut	es.			l	
SIGNATURE	Signature, typed or printed name of rese-tered.	overal and title if sophicable	(NO1E : Registered A	Agont signature regu	ured when reinstating)	DATÉ		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	·	ORS IN 12	
TITLE	PTD	DELET	E 1,1 TITL			Chang	ge Addition	
NAME	LASSETER, KENNETH M.		1.2 NAM	E]				
STREET ADDRESS	2035 BRUTON BLVD		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	- ST - ZIP				
TITLE	VO.	☐ DELET	E 2.1 THTL			Chang	pe 🔲 Addition	
NAME	Lasseter, Lillian J.		2.2 NAM	ŧ				
STREET ADDRESS	2035 BRUTON BLD		2.3 STRE	ET ADDRESS			i	
CITY-ST-ZIP	ORLANDO FL	······································		/-ST-ZIP				
TITLE		L_ DELET		\		Chang	je 🛄 Addition	
NAME			3 2 NAM	·				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		Trues.		(-S1-ZIP		T 0	in Addition	
TITLE		☐ DELETI				Chang	je 🔲 Addition	
NAME			4. 2 NAN	l				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELET		- ST - 7IP		Chang	e Addition	
TITLE		() VELETI	£ 5.1 TITLU 5.2 NAM			Vilaily بے	ie 🗀 vaoilibii	
Ateker	ı							
NAME OXDEET ADODESE	i			i			l	
STREET ADDRESS			5.3 STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		There	5.3 STRE 5.4 CITY	ET ADDRESS - ST- ZIP		Chanc	a Addition	
STREET ADDRESS CITY-ST-ZIP TITLE		DELET	5.3 STRE 5.4 CITY E 6.1 TITLE	EET ADDRESS - ST- ZIP		☐ Chang	e Addition	
STREET ADDRESS CITY-ST-ZIP		☐ DELET	5.3 STRE 5.4 CITY E 6.1 TITLI 6.2 NAM	EET ADDRESS - ST- ZIP	·	☐ Chang	e Addition	

14. Thereby certify that the information supplied with this filling 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 armual 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 trusted impowered 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 the address

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