

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 8:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L44742 (9)

1. Corporation Name
J & S RENTALS, INC.

Principal Place of Business

**% NICK SIPRAK
838 SUGAR HOUSE DRIVE
PORT ORANGE FL 32119**

Mailing Address

**% NICK SIPRAK
838 SUGAR HOUSE DRIVE
PORT ORANGE FL 32119**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/19/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2996260	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
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**SIPRAK, NICK
838 SUGAR HOUSE DRIVE
PORT ORANGE FL**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SIPRAK, NICK	1.2 NAME	
STREET ADDRESS	838 SUGARHOUSE DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ORANGE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOUR, GEORGE	2.2 NAME	
STREET ADDRESS	3142 S PENINSULA DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICK SIPRAK

PRESIDENT

15-APR-95 904-741-6312

Date

Signature Number