

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90147 007 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # L89320**

1. Corporation Name

**JIMMY'S EQUIPMENT RENTAL, INC.**

Principal Place of Business

**4900 SW 167 AVE  
FT LAUDERDALE FL 33331  
US**

Mailing Address

**4900 SW 167 AVE  
FT LAUDERDALE FL 33331  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/23/1990**

4. FEI Number

**65-0211152**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 16951 SW 63 Manor**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 City & State**

**23 Ft. Lauderdale, FL**

**24 33331** **25 USA**

**27 City & State**

**28** **29** **30**

**24 33331** **25 USA**

**28** **29** **30**

9. Name and Address of Current Registered Agent

**SHELNUT, JAMES C.  
4900 SW 167 AVE  
FT LAUDERDALE FL 33331**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SHELNUT, JAMES D.**  
CITY-ST-ZIP **4900 SW 167 AVE  
FT LAUDERDALE FL**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **SHELNUT, JAMES C.**  
CITY-ST-ZIP **4900 SW 167 AVE  
FT LAUDERDALE FL 33331**

TITLE ☐ DELETE  
NAME **TS**  
STREET ADDRESS **WAGGONER, GLENNA S**  
CITY-ST-ZIP **4031 S.W. 84 TERRACE  
DAVID FL 33328**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**✓ James, Shelnut, James D.**  
**Same**

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

**PD**  
**shelnut, James C.**  
**16951 SW 63 Manor**  
**Ft. Lauderdale, FL 33331**

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/3/99** **(954) 252-0032**

CR2E034 (11/98)