## 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** 

## DOCUMENT # L89320

1. Corporation Name

JIMMY'S EQUIPMENT RENTA	AL, INC.	
Principal Place of Business	Mailing Address	
4900 SW 167 AVE FT LAUDERDALE FL 33331 US	4900 SW 167 AVE FT LAUDERDALE FL 33331 US	

## Mar 10, 1999 8:00 am Secretary of State

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



4900 SW 167 A FT LAUDERDALI US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  07/23/1990					
	ace of Business	2a. Mailing Address			4. FEI Number 65-0211152	<b>⊢</b>	olied For Applicable		
Suite, Apt.	<u> </u>	Suite, Apt. #_etc.	C		5. Certificate of Status Desired	\$8:75 A	dditional		
City & State	vderdale, 71	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 to Added to	, ,		
Zip 24 333	Country  25 / CA	Zip 30	Country		<ol> <li>This corporation owes the current y Personal Property Tax.</li> </ol>		□No		
24 000	9. Name and Address of Current	<del></del>	1		10. Name and Address of New Regis	tered Agent			
	3. Hame and Addies of Carrent	nogroto ou rigorii	81	Name					
SHE	_NUT, JAMES C.					<u> </u>			
	SW 167 AVE		82	Street A	Address (P.O. Box Number is Not Acceptable)				
	AUDERDALE FL 33331		83						
			84	City		FL 85 Zip C	ode		
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 reinsteding)  DATE									
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO			
TITLE	PD	☐ DELETE 1	.1 TITLE		<del>-</del>	Change	Addition		
NAME	SHELNUT, JAMES D.	1	.2 NAME		James, Shelnut, Jan	nes D.			
STREET ADDRESS	4900 SW 167 AVE	1	.3 STREET	ADDRESS	7 - 7 - 7				
CITY-ST-ZIP	FT LAUDERDALE FL	1	4 CITY-ST	ZIP	Same				
TITLE	V	☐ DELETE 2	.1 TITLE		Pb	☐ <b>1</b> Change	Addition		
NAME	SHELNUT, JAMES C.	, 2	2.2 NAME		shelnut, James C	_•	{		
STREET ADDRESS	4900 SW 167 AVE	1 2	.3 STREET	ADDRESS			ĺ		
CITY-ST-ZIP	FT LAUDERDALE FL 33331	2	2. 4 CITY-ST	-ZIP	Ft. Lauderdale, FL	33331			
TITLE	TS	☐ DELETE 3	3.1 TITLE			Change	☐ Addition		
NAME	WAGGONER, GLENNA S	3	3.2 NAME	ļ			}		
STREET ADDRESS	4031 S.W. 84 TERRACE	3	.3 STREET	ADDRESS					
CITY-ST-ZIP	DAVID FL 33328	3	3.4. CITY-S1	-ZIP					
TITLE		☐ DELETE 4	I.1 TITLE			☐ Change	☐ Addition		
NAME		Ī.	2 NAME				ļ		
STREET ADDRESS		4	.3 STREET	ADDRESS	* 	•	ĺ		

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Addition

Addition

☐ Change

Change