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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18361

SUNBELT SALES & RENTALS, INC.

(6	)

Mailing Address

**FILED** May 09 1997 8:00am Secretary of State

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6429 HARNEY ( PO BOX 31000 TAMPA FL 336	7	6429 HARNEY RD PO BOX 310007 TAMPA FL 33610-9593						
IAMPA FL 330		18MFN FC 33010-3033			3. Date Incorporated or Qualified 03/09/1988	3a. Date of Las 02/22/199	,	
2. Principal P	lace of Business	28. Mailing Address			4. FEI Number		Applied For	
21		26		7,	59-2873662		Not Applicable	
Sulte, Ap1. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 7 7 7 7 7	\$8.75 Additional Fee Required	
City & State         City & State           23         28		·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Coun 30	try	8. This corporation has liability for i Florida Statutes	Yes 🔲 No	or s. 199.032,	
·	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
	CORPORATION SYSTEM		1	31 Name			ļ	
	S. PINE ISLAND ROAD		ļ.	Street A	Address (P.O. Box Number is Not Acceptab	le)		
PLAI	NTATION FL 33324			83				
l			1				}	
			[1	64 City		E1 85 Z	Zip Code	
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the ah	ove-named o	corporation submits this statement for the n	urpose of changir	na its registered	
office or r	registered agent, or both, in the State	e of Florida, Such change was a	authorized	by the corp	corporation submits this statement for the p oration's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE	an landar with, and accept the cong	jationa ar, elector cor .coco, ri	Shad Olate	100.			ĺ	
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (NOT	E Registered	Agoril signature i	required when reinstating)	DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	CTD	DELFTE	1.0 1010	Ę		Chan	ige 🔲 Addition	
NAME	GRANOWICZ, DONALD		1.P NA					
STREET ADDRESS	6429 HARNEY RD			EET ADDRESS			}	
CITY-ST-ZIP	TAMPA FL PD	DELETE		(-SI-ZIP		Chan	ige Addition	
TITLE NAME	CLARK, HENRY		21 111			L Unan	ds Modition	
STREET ADDRESS	6429 HARNEY RD		5'5 NVI	EFT ADORESS				
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			ł	
TITLE	SD	DELETE	3.1 1(1)	r		<b>X</b> Chan	nge . Addition	
NAME	DERMOTT, TRACEY J		3.2 NA	AF	TRACEY DERMI	27 7		
STREET ADDRESS	6429 HARNEY RD			EET ADDRESS		77 Y	,	
CITY-ST-ZIP	TAMPA FL 33610		1	Y-S1-ZIP	TRACEY, DERMI	ACEY	<i>]</i>	
TITLE		DELFTE	4,1 1111	.E		☐ Cha	ige 🔲 Addition	
NAME			4, 2 NA	ME		•		
STREET ADDRESS			4.3 STR	EE1 ADDRESS			ļ	
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP				
TITLE		DELETE	5 1 111	i i		Chan	nge 🔲 Addition	
NAME			5.2 NA	1				
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP		Donete		Y-ST-ZIP		F1 2		
TITLE		L) DELETE	6.1 111			L Chan	nge [_] Addition	
NAME OVERT ADDRESS			6.2 NAI					
STREET ADDRESS	·			EET ADDRESS				
CITY-ST-ZIP	<u> </u>		6.4 CH	Y-\$1-7 P				

I do 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 suppliermental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.