

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

FILED
Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P26086 (9)
 1. Corporation Name:
RENTALAND, INC.



Principal Place of Business: **P.O. BOX 5261 LAKE WYLIE SC 29710**
 Mailing Address: **P.O. BOX 5261 LAKE WYLIE SC 29710-5001**

3. Date Incorporated or Qualified: **09/19/1989**
 3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business: **21 P.O. BOX 550830**
 Suite, Apt. #, etc.
22 JACKSONVILLE, FL
 City & State
23 JACKSONVILLE, FL
 City & State
24 32255 Zip **25 DUVAL** Country
26 P.O. BOX 550830
 Suite, Apt. #, etc.
27 JACKSONVILLE, FL
 City & State
28 JACKSONVILLE, FL
 City & State
29 32255 Zip **30 DUVAL** Country

4. FEI Number: **56-1441095**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent:
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD GUINEY, RICHARD J.	1.2 NAME	PD GUINEY, RICHARD J. SR.
STREET ADDRESS	2204-F YAGER CREEK DRIVE	1.3 STREET ADDRESS	425 TIMBERWALK CT. #1121
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD GUINEY, MARY JEANNE	2.2 NAME	SD GUINEY, MARY JEANNE
STREET ADDRESS	2204-F YAGER CREEK DRIVE	2.3 STREET ADDRESS	425 TIMBERWALK CT. #1121
CITY - ST - ZIP	CHARLOTTE NC	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32082
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **R.J. GUINEY SR.** *R.J. Guiney Sr.* **2/6/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)