

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P41109** (0)  
1. Corporation Name  
**RENTAL SYSTEMS, INC.**



Principal Place of Business  
**6700 HOLLISTER  
HOUSTON TX 77040**

Mailing Address  
**6700 HOLLISTER  
HOUSTON TX 77040**

2. Principal Place of Business  
21 Suite Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**10/20/1992**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**76-0334597**

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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  
85 Zip Code  
**FL**

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 of person or persons registered agent and their names and addresses

(If 111 Registered Agent Signature is required, attach separate page)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCKMAN, ROBERT T.</b>	1.2 NAME	
STREET ADDRESS	<b>6700 HOLLISTER</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, DONALD D.</b>	2.2 NAME	
STREET ADDRESS	<b>6700 HOLLISTER</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THORPE, ALFRED J.</b>	3.2 NAME	
STREET ADDRESS	<b>2700 POST OAK BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NALLEY, ROBERT M.</b>	4.2 NAME	
STREET ADDRESS	<b>6700 HOLLISTER</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIGGS, TWYLA J</b>	5.2 NAME	
STREET ADDRESS	<b>6700 HOLLISTER</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUNNEY, KEN E</b>	6.2 NAME	
STREET ADDRESS	<b>6700 HOLLISTER</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOUSTON TX</b>	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 119.07(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:

*Kenneth E. Bunney*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E. BUNNEY 5-1-96

SECRETARY

(713) 718-1800

Date

Business Phone #

CR2E034 (12/95)