

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinez
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

5/17/95 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001524 (6)

MARLINS INTERNATIONAL AUTO RENTAL, INC.

Principal Office Address: 3739 NW 25TH STREET
MIAMI FL 33142
Mailing Address: 3739 NW 25TH STREET
MIAMI FL 33142

Do not write in this space

3. Date incorporated or qualified 01/05/1993	3a. Date of last report 10/07/1994
4. FEI Number 65-0523211	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 adopted the alternative fee under S. 190.022 Florida Statutes ☒ Yes ☐ No	

2. Principal Office Address 3739 NW 25TH STREET MIAMI FL 33142	2a. Mailing Address 3739 NW 25TH STREET MIAMI FL 33142
21. State Apt. # Fl.	26. State Apt. # Fl.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent REYNOSO, WALTER 2937 SW 27 AVENUE #107 COCONUT GROVE FL 33133	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
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11. Pursuant to the provisions of Sections 607.08(4) 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 this 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 607.08(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST. ZIP	☐ Change ☐ Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST. ZIP	☐ Change ☐ Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), 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 orally. I am an officer or director of the corporation or the record or transfer empowered to make this report as required by Chapter 141, Florida Statutes, and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE: *Edith Reynoso* EDITH REYNOSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95 305-6333173

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # P93000001845 (5)

JASDD, INC.

Principal Place of Business
1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

Mailing Address
1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or (2) refiled
12/29/1992
3a. Date of Last Report
06/28/1994

4. FEI Number
59-3155862
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 agents for intangible tax under S. 199.037
Florida Statutes
Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

2b. Date of Report

2c. City & State

2d. City & State

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RHYNARD, M A
515 S RIDGEWOOD AVENUE
DAYTONA BEACH FL 32114

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 607.09(2) 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 607.09(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (If any)

1. NAME
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MAGUIRE, DENNIS T
1134 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176
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100. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037(4)(b), Florida Statutes. I further certify that the information is included in the annual report or supplemental annual report as 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an affidavit with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS MAGUIRE

✓ 5/19/95 441 4920

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

APPROVED
AND
FILED

6 MAY 1999 10:15

DAVE'S MOWER SHOP, INC.
WINTER GARDEN, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montemayor
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # P930000001912 (3)

1. Corporation Name

DAVE'S MOWER SHOP, INC.

11/2 S MAIN ST
WINTER GARDEN FL 34787

11/2 S MAIN ST
WINTER GARDEN FL 34787

DO NOT WRITE IN THIS SPACE

3. Date incorporated 12/31/1992 3a. Date of Last Report 07/19/1994

4. FEI Number 59-3153934 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

2. Principal Place of Business 2b. Mailing Address
21 26
22 27
23 28
24 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, DAVE
11/2 S MAIN ST
WINTER GARDEN FL 34787

81 Name
82 Street Address, if P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 adoption of Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent for the Corporation)

(Signature of Registered Agent for the Corporation)

(Signature)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP
2. NAME
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6. STREET ADDRESS
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7. NAME
7. STREET ADDRESS
7. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included in this annual report or supplementary 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, the registered agent or have been empowered to receive this report as required by Chapter 199, Florida Statutes, and that my name appears on this 14th section of the report or supplementary annual report.

SIGNATURE:

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95 877-3900