

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000026841 (5)**

1. Corporation Name

PERFORMANCE EQUIPMENT RENTAL & SALES, INC.



Principal Place of Business

**7370 BEAVERS DEN
FORT MYERS FL 33912**

Mailing Address

**7370 BEAVERS DEN
FORT MYERS FL 33912**

3. Date Incorporated or Qualified
04/12/1993

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

2. Principal Place of Business

21 **3673 Cuthbert Ave**

Suite, Apt. #, etc.

22 City & State

23 **Naples FL**

24 **33942**

Country

USA

2a. Mailing Address

26 **3673 Cuthbert Ave**

Suite, Apt. #, etc.

27 City & State

28 **Naples FL**

29 **33942**

Country

USA

4. FEI Number
65-0409795

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

9. Name and Address of Current Registered Agent

**ALLEN MARK
6911 HIGHLAND PK CIR
FT. MYERS FL 33912**

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

Signature (Typed or printed name of registered agent and the date)

(Typed) Registered Agent signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ALLEN CARLOS E. III**
STREET ADDRESS **7370 BEAVERS DEN**
CITY - ST - ZIP **FT. MYERS FL 33912**

TITLE **VP** ☐ DELETE
NAME **MASON GRAHAM**
STREET ADDRESS **6841 IDLEWILD ST.**
CITY - ST - ZIP **FT. MYERS FL 33912**

TITLE **TS** ☐ DELETE
NAME **ALLEN MARK E.**
STREET ADDRESS **6911 HIGHLAND PARK CIRCLE**
CITY - ST - ZIP **FT. MYERS FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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:

Mark E Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-96

941-643-5835

CR2E034 (12/95)