

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000057733**

1. Corporation Name

**QUALITY RENTALS OF GAINESVILLE, INC.**

Principal Place of Business  
**14919 NW 60TH AVENUE  
GAINESVILLE FL 32606**

Mailing Address  
**14919 NW 60TH AVENUE  
GAINESVILLE FL 32606**

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90014 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/13/1993**

2. Principal Place of Business

21 **14919 NW 60th Ave**

Suite, Apt. #, etc.

22

23 **Alachua, FL**

City & State

24 **32615** 25 **Alachua**

Zip Country

2a. Mailing Address

26 **14919 NW 60th Ave**

Suite, Apt. #, etc.

27

28 **Alachua, FL**

City & State

29 **32615** 30 **Alachua**

Zip Country

4. FEI Number

**59-3191738**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROBINSON, SHIRLEY  
14919 NW 60TH AVENUE  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name **Shirley Robinson**

82 Street Address (P.O. Box Number is Not Acceptable)

**14919 NW 60th Ave**

83

84 City **Alachua**

**FL**

85 Zip Code

**32615**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROBINSON, SHIRLEY**  
STREET ADDRESS **14919 NW 60TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ DELETE

NAME **ROBINSON, SCOTT**  
STREET ADDRESS **14919 NW 60TH AVENUE**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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:

**SIGNATURE REQUIRED**

**7-15-99 352-332-1747**

CR2E034 (5/99)

p93000057733  
593888-90014-44

Quality Rental of Gainesville, Inc.  
14919 NW 60th Avenue  
Alachua, FL 32615

July 15, 1999

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Annual Reports

To Whom It May Concern:

Please find enclosed the annual report and check for filing the above corporation. I received the filing packet today, July 15, 1999, stamped Second Notice. This is the first notice I have received for the 1999 filing. The post office changed my mailing address from Gainesville to Alachua. I work out of my home, because of this the post office assured me that my mail would be forward to me for a period of one year. Unfortunately, this has not always happened, payment checks, property tax notices, billings, etc. have not reached me.

I would appreciate any assistance you can give to waiving any additional changes.

If you should have any questions please contact me at 352-332-1747.  
Thank you for your assistance.

Sincerely,

*Shirley Robinson*  
Shirley Robinson