

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080236 (1)

1. Corporation Name

CASH RENT-A-CAR INC.

Principal Place of Business

6815 HILLSBOROUGH AVE.
TAMPA FL 33610

Mailing Address

6815 HILLSBOROUGH AVE.
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3211228

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, CHESTER
6815 E. HILLSBOROUGH AVE.
TAMPA FL 33610

81 Name

GARY R. JANGRAW

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

6815 E. Hillsborough Ave.

83

84 City

Tampa

FL

85

Zip Code

33610

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

GARY R. JANGRAW, P

Signature, typed or printed name of registered agent, and title if applicable.

(If Registered Agent signature required, when registering)

2-16-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	JOHNSON, CHESTER
STREET ADDRESS	214 N. MONTCLAIR AVE.
CITY- ST- ZIP	BRANDON FL 33510
TITLE	P
NAME	JONES, PAUL E
STREET ADDRESS	8010 HANCOCK ST.
CITY- ST- ZIP	RIVERVIEW FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	P/T/C/D	☒ Change ☐ Addition
1.2 NAME	Jangraw, Gary R.	
1.3 STREET ADDRESS	1035 Bridlewood Way, Tampa, FL 33511	
1.4 CITY- ST- ZIP		
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME	Aubin, Michael J.	
2.3 STREET ADDRESS	1001 N. Pennsylvania Ave.	
2.4 CITY- ST- ZIP	Plant City, FL 33566	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

GARY R. JANGRAW

GARY R. Jangraw, P

2/16/95 (813)623-3488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)