

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Division of Corporations

DOCUMENT # P94000001302 (6)

1. Corporation Name

LAWYERS RENTAL, INC.

Principal Place of Business

**545 DELANEY AVENUE
SUITE 8
ORLANDO FL 32801**

Mailing Address

**545 DELANEY AVENUE
SUITE 8
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 1200 W. SR 434

2a. Mailing Address

28 1200 W. SR 434

Suite, Apt. #, etc.

22 Suite 202

Suite, Apt. #, etc.

27 Suite 202

City & State

23 Longwood, FL

City & State

28 Longwood, FL

Zip

24 32750

Country

25 Seminole

Zip

29 32750

Country

30 Seminole

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 § 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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 of individual)

(NOTE: Registered Agent Signature required when terminating)

GAT

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TEDDER, DAVID H
STREET ADDRESS	545 DELANEY AVE, SUITE 8
CITY, ST, ZIP	ORLANDO FL 32801
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	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	CHURCHILL MARKETING, INC.
1.3 STREET ADDRESS	1200 W. SR 434, Suite 202
1.4 CITY, ST, ZIP	Longwood, FL 32750
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	20A
6.3 STREET ADDRESS	5-1-95
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 exemptions stated in Section 1.19 (2)(b), Florida Statutes. I further certify that the information indicated on this annual report is 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, 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 both in attachment with an address.

SIGNATURE:

SIGNATURE AND WHEN ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 (407) 260-0099

Date

Signature (Typed Name)