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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006139

JOMAR RENTAL COMPANY

Principal Place of Business	Mailing Address
400 S 8TH ST FERNANDINA BEACH FL 32034	400 S 8TH ST FERNANDINA BEACH FL 32034

FILED Jan 21, 1999 8:00am **Secretary of State** 01-21-1999 90028 040 ***150.00



Principal Plac	ce of Business		Mailing Address				, , , , , , , , , , , , , , , , , , ,		,	
400 S 8TH ST			400 S 8TH ST							
	BEACH FL 32034		FERNANDINA BEA	CH FL 32034						
}							DO NOT WE		HIS SPACE	
							3. Date Incorporated or Qualifed	j		
							01/25/1994			
2. Principal F	Place of Business		2a. Mailing Addre	ess		_	4. FEI Number		Α	pplied For
21	• *		26				59-3229190		N	lot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #,	etc.					\$8.75	Additional
22	•		27				5. Certifcate of Status Desired		Fee R	equired
City & Sta	ite		City & State				6, Election Campaign Financing		\$5.00	May Be
23			28				Trust Fund Contribution			to Fees
Zip	Count	rv	Zip		Country		8. This corporation owes the cur	rent voor		
24	25		29	30	,		Personal Property Tax.	rent year	Yes	₩No
	9. Name and Addr	ess of Current	. 	130			10. Name and Address of New	Register		<u> </u>
	J. Name une / tea.	and or contain			81	Name	10. (10)	regiotor	ou rigorii	
מיס	RIEN, JOHN H	,	,							
400	S 8TH STREET				82	Street A	Address (P.O. Box Number is Not Accep	table)		
	NANDINA BEACH FL	32034								
FER	INANDINA DEACH FL	. 32034			83					ė,
	•				84	City			. 85 Zip	Code
					04	City		F		Code
11. Pursuant	to the provisions of Sec	ctions 607.0502	and 607.1508, Florid	la Statutes, th	e above	-named c	corporation submits this statement for the	purpose	of changing its	s registered
office or	registered agent, or both	h, in the State of	f Florida. Such chang	je was authori	ized by	the corpor	corporation submits this statement for the ration's board of directors. I hereby acce	pt the ap	pointment as re	egistered
agent I		cebrine orandone	ט. זעט ווייסטעסעקוט בוויש					,	_	
	SY/ 1/		1.1/1/	500, rionda C	statutes	•	a. /	ע א –	G	
agent. I a	· X()//	Cill (- Xm				01/0	5 / 9 DATE	9	
SIGNATURE	Signature, typed or printed name	ne of register agent	and title applicable.	. (NOTE: Regist	tered Agen		quired when reinstating)	5 / 9 DATE		ORS IN 12
SIGNATURE	Signature, typed or printed name	Cill (and title applicable. DIRECTORS	(NOTE: Regist	tered Agen		01/0	5 / 9 DATE	AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or brinted nam	ne of register agent	and title applicable.	(NOTE: Regist	tered Agen 13. .1 TITLE		quired when reinstating)	5 / 9 DATE		ORS IN 12
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14. I hereby certify that the information sopplied 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 for 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on exattantment with an address with all other like empowered.

SIGNATURE:

YPEOLOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)