FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR -3 PM 1:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **P94000006514 (1)**

1. Corporation Name

FUN RENTALS OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address
855 BALD EAGLE DR MARCO ISLAND FL	855 BALD EAGLE DR MARCO ISLAND FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: 25:

2a. Mailing Address
26: 4818 Coronado PKwy
Suite, Apt. #, etc.
27:
City & State
28: Cape Coral, FL
Zip / Country
29: 33904 30:

4. FEI Number: 65-0460787 ☐ 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

BURNS, PETER J III
4818 CORONADO BLVD
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

91 Name: Cindy Barajas
92 Street Address (P.O. Box Number is Not Acceptable):
93: 4818 Coronado PKwy
94 City: Cape Coral FL 95 Zip Code: 33904

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: Cindy V Barajas 2/2/95
Signature, typed or printed name of registering agent and date of signature. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	BURNS, PETER J III	12 NAME	Joseph L. Lankfree
STREET ADDRESS	4818 CORONADO BLVD	13 STREET ADDRESS	4818 Coronado PKwy
CITY ST ZIP	CAPE CORAL FL 33904	14 CITY ST ZIP	Cape Coral, FL 33904
TITLE		21 TITLE	T/S/D ☒ Change ☐ Addition
NAME		22 NAME	Herschell Roger Coil
STREET ADDRESS		23 STREET ADDRESS	4818 Coronado PKwy
CITY ST ZIP		24 CITY ST ZIP	Cape Coral, FL 33904
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 above, or on an attachment with an address.

SIGNATURE: Joseph L. Lankfree 2-2-95 813-542-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0328327 CP