

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

APPROVED
AND
FILED

95 APR -3 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006517 (4)

1. Corporation Name

FUN RENTALS OF FORT MYERS BEACH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
1901 ESTERO BLVD
FT MYERS BEACH FL 33901

Mailing Address
1901 ESTERO BLVD
FT MYERS BEACH FL 33901

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4818 Coronado Pkwy

4. FEI Number

65-0460794

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

Cape Coral, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

33904

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Cindy Barajas

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

83

4818 Coronado Pkwy

84 City

Cape Coral

FL

85 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 Barajas

2/2/95

Signature of agent or person authorized to accept appointment

(NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

PD
Joseph L. Lanktree
4818 Coronado Pkwy
Cape Coral, FL 33904

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

VS
Herschell Roger Coil
4818 Coronado Pkwy
Cape Coral, FL 33904

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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)(b), 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 it would under oath. 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Lanktree 2/2/95 813-543-8999