

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90006 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015297

1. Corporation Name
B & J RENTALS, INC.

Principal Place of Business
P.O. DRAWWR 2349
LAKE CITY FL 32056-2349

Mailing Address
P.O. DRAWWR 2349
LAKE CITY FL 32056-2349

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/22/1994

4. FEI Number
59-3227296

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 P.O. BOX 2889
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 2889
Suite, Apt. #, etc.

23 LAKE CITY FL
City & State
Zip Country

28 LAKE CITY FL
City & State
Zip Country

24 32056

25

29 32056

30

9. Name and Address of Current Registered Agent

ANDERSON, EDDIE M
201 N MARION STREET
SUITE 301
LAKE CITY FL 32055

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 EDDIE M. ANDERSON

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

(NOTE: Registered Agent signature required when reinstating)

1-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LUTSKO, JAMES F II
STREET ADDRESS 5400 NW 39TH AVE., APT V186
CITY-ST-ZIP GAINESVILLE FL 32606

☒ DELETE

TITLE D
NAME GAYLE, WILLIAM D JR
STREET ADDRESS 4411 S.W. 34TH ST., #908
CITY-ST-ZIP GAINESVILLE FL 32608

☐ DELETE

TITLE D
NAME GLOVER, LINDA R
STREET ADDRESS SUWANNEE STREET
CITY-ST-ZIP WHITE SPRINGS FL 32096

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D
2.2 NAME GAYLE, WILLIAM D JR
2.3 STREET ADDRESS 1726 S.W. 77TH TERRACE
2.4 CITY-ST-ZIP GAINESVILLE, FLA 32607

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied 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 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, with all other like empowered.

SIGNATURE: LINDA R. GLOVER 1-12-99/ 904-752-3439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

06637