FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033780 (5)**

1. Corporation Name

FLORIDA CONTRACTOR RENTAL & SALES OF COLLIER COU NTY, INC.

Principal Place of Business	Mailing Address
16930 TIMBERLAKES DR FT MYERS FL 33908	16930 TIMBERLAKES DR FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21 771 N. AIRPORT RD
22 Suite, Apt. #, etc.
23 City & State: NAPLES, FLORIDA
24 Zip: 33942 25 County: Collier

2a. Mailing Address
26 771 N. AIRPORT RD.
27 Suite, Apt. #, etc.
28 City & State: NAPLES, FLORIDA
29 Zip: 33942 30 County: COLLIER

4. FEI Number: 65-0474932 ☐ 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 § 199.032, Florida Statutes* ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPARELLA, GUY
16930 TIMBERLAKES DR
FT MYERS FL 33908

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: _____ DATE
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	ST	☐ Change ☑ Addition
NAME	PAPARELLA, GUY	12 NAME		
STREET ADDRESS	16930 TIMBERLAKES DR	13 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL 33908	14 CITY ST ZIP		
TITLE	D	21 TITLE	P	☐ Change ☑ Addition
NAME	NARDI, VINNIE	22 NAME		
STREET ADDRESS	16930 TIMBERLAKES DR	23 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL 33908	24 CITY ST ZIP		
TITLE	D	31 TITLE	VP	☐ Change ☑ Addition
NAME	DUFFY, KEVIN	32 NAME		
STREET ADDRESS	16930 TIMBERLAKES DR	33 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL 33908	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		

-PP 5/23

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 if changed or added to this report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0322240 CP