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PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000059988 (3) **DOCUMENT #**

RENT FROM US, INC.

1. Corporation Name

FILED 96 MAY 10 PM 3:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA



| | of Business | Mailing Address | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 113 WEST RE PLANT CITY I | EYNOLDS STREET FL 33566 | 113 WEST REYNOL PLANT CITY FL 33: | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/15/1994 | 3a. Date of Last Report 06/09/1995 | |
| 2. Principal Pla 21 1309 | S. Colling 5+, | 2a. Mailing Address | • | | 4. FEI Number 59-3279843 | | Applied For |
| Suite, Apt. # | t, etc | Suite, Apt. #, etc. | | | | <u> </u> | Not Applicable 3.75 Additional |
| 2 Plant | City, Pl | 27 | | | 5. Certificate of Status Desired | 1 1 | Fee Required |
| City & State | 33566 | City & State | | | Election Campaign Financing Trust Fund Contribution | 1 1 | 5.00 May Be |
| Zip 4 | Country 25 USA | Ζιρ 29 | 30 | intry | 8. This corporation has liability for a Florida Statutes Yes | ntangible tax und | · · · · · · · · · · · · · · · · · · · |
| | 9. Name and Address of Cur | | | | 10. Name and Address of New R | | <u> </u> |
| | | | | 81 Name | | | |
| -113 WES | , Jeanette Sl reynolds street - 13 | og S. Collins | St. | 82 Street Addr | ress (P.O. Box Number is Not Acceptab | | -1628 |
| PLANT (| OTY FL 33566 | | | 83 | -05/14/ | /960111 | <u>* 1 (12) (3)</u> 9004 |
| | | | | 84 City | | ** 00 ** 85 | **225 UU 76 Code |
| 11. Pursuant to | of the provisions of Sections 607.0 | 502 and 607 1508 Finder St. | atulas livo otro | wa ransol come | ration submits this statement for the pur | FL | ita spaial: |
| or registere | ad agent, or both, in the State of F | rlonda. Such change was auth | orized by the c | corporation's boa | ration submits this statement for the purp rd of directors. I hereby accept the appo | aose or changing antment as regist | ins registered offici ered agent. I am |
| | h, and accept the obligations of, S | ection 607.0505, Florida State. | лея. | | | | |
| | Signature, typed or printed have of registered a | | (NOTE Registerer: | Agent signature require |) when reinstating | [)A^E | |
| 12. | | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | CERS AND DIRE | CTORS IN 12 |
| NTL€ | DC | ☐ DELETE | 1 11 | ITLE | | Chai | inge 🔲 Addition |
| NAME | MCAVOY, JEANETTE | | 1.2 NA | AME | | | |
| STREET ADDRESS | 1904 MASTERS WAY | | 1.3.87 | reet aduress | | | |
| CITY-ST-ZP | PLANT CITY FL | רו מעניני. | | TY ST-ZIP | | | |
| TITLE | LOWADD HENDY | ☐ DELETE | 2 1 11 | | | Char | inge 🔲 Addition |
| NAME | HOWARD, HENRY | | . 22 NA | | | | |
| STREET ADDRESS | 1904 MASTERS WAY PLANT CITY FL | | 2 3 ST | PEET ADDRESS | | | |
| CHT-ST-Z-P | FLIGHT CHIT FL | | | | | | |
| | | Therete | | TY - S1 - ZIP | | [] or . | |
| | | ☐ DELETE | 3 1 TI | TY+ST+ZIP | | , Char | nge Addition |
| NAME | | ☐ DELETE | 3 1 TI 3 2 NA | TY-S1-ZIP DTLE AME | | Char | nge 🔲 Addition |
| NAME Street addiress | | ☐ DELETE | 3 1 T/ 3 2 NA 3 3 S/ | TY-ST-ZIP ITLE AME TREET ADDRESS | | , Char | nge 🔲 Addition |
| NAME STREET ADDRESS C #7 - ST - Z/P | | | 3 1 T/ 32 N4 33 S/ 34 C// | TY+ST+ZIP AME TREET ADDRESS TY+S'+Z'P | | , – | |
| NAME STREET ADDRESS C #v-ST-ZIP TITLE | | DELETE | 3 1 T) 32 NA 33 S) 34 C) 4 1 10 | TY-ST-ZIP TILE MME TREET ADDRESS TY-S'-Z-P TILE | | Char | |
| NAME STREET ADDRESS C Tr ST - ZIP TITLE NAME | | | 3 1 TJ 32 NA 33 SJ 34 CJ 4 1 TJ 42 NA | TY-ST-ZP JILE JI | | , – | |
| NAME STREET ADDRESS LIV-ST-ZIP TITLE NAME STREET ADDRESS | | | 3 1 TI 3 2 NA 3 3 SI 3 4 CII 4 1 HI 4 2 NA 4 3 SI | TY-ST-ZP TILE MME IREET ADDRESS TY-ST-Z-P TILE MME REET ADDRESS | | , – | |
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| NAME STREET ADDRESS L IV - ST - ZIP TITLE STREET ADDRESS CITY - ST - ZIP TITLE NAME | | ☐ DELETE | 3 1TI 32 NA 33 SI 34 CII 4 1 TI 42 NA 43 SI 44 CII 5 1 TI 52 NA | TY-ST-ZIP TILE AME TREET ADDRESS TY-ST-ZIP TILE MME TREET ADDRESS TY-ST-ZIP TLE AME AME AME | | Char | nge Addit on |
| NAME STREET ADDRESS C. IV - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 3 1TI 32 NA 33 SI 34 CII 4 1 TII 42 NA 43 SII 44 CIT 5 1 TII 52 NA 53 SIF | TY-ST-ZIP TILE AME THEET ADDRESS TY-SY-ZIP TILE MME AGET ADDRESS TY-ST-ZIP TILE MME ME ME ME ME ME ME ME ME | | Char | nge Addit on |
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| NAME STREET ADDRESS C. IV-ST-ZIP TITLE NAME STREET ADDRESS C-ITV-ST-ZIP TITLE NAME STREET ADDRESS CITV-ST-ZIP TITLE | | ☐ DELETE | 3 1TI 32 NA 33 SI 34 CII 4 1 III 42 NA 43 SII 44 CIT 5 1 TII 52 NA 53 SII 6 1 III | TY-ST-ZIP TUE AME TREET ADDRESS TY-SY-ZIP TUE MME AGET ADDRESS TY-ST-ZIP TUE MME ME ME ME ME ME ME ME ME | | Char | nge Addition |
| TITLE NAME STREET ADDRESS C | | ☐ DELETE | 3 1TI 32 NA 33 SI 34 CII 4 1 III 42 NA 43 SII 44 CII 5 1 TII 52 NA 53 SII 64 CII 6 1 TIII | TY-ST-ZIP TUE AME TREET ADDRESS TY-ST-ZIP TUE MME REET ADDRESS TY-ST-ZIP TUE MME REET ADDRESS TY ST-ZIP TUE MME REET ADDRESS TY ST-ZIP TUE MME REET ADDRESS TY ST-ZIP | | Char | nge Addition |
| NAME STREET ADDRESS C. IV - ST - ZIP TITLE Nª ME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME NAME NAME | | ☐ DELETE | 3 1TI 32 NA 33 SI 34 CII 4 1 IVI 42 NA 43 SII 54 CII 52 NA 53 SII 64 CII 62 NA 63 STII | TY-ST-ZIP TUE AME TREET ADDRESS TY-SY-ZIP TUE MME AGET ADDRESS TY-ST-ZIP TUE MME ME ME ME ME ME ME ME ME | | Char | nge Addition |

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or on an attachment with an actives.

GNATURE:

Henry Heward

5-7-96

813 757 03 06

SIGNATURE: _

MATURE AND TYPEDOR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR Y HOWARD 5-7-96

813 757 03 06 Daylor & Physic #