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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000073976 (0)

KOOL'R HAUL, INC.

Principal Place of Business

Mailing Address

## **FILED** May 01 1998 8:00am Secretary of State



734 WHITEWOOD DRIVE DELTONA FL 32725		734 WHITEWOOD DRIVE DELTONA FL 32725			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualified 10/05/1994		
<del></del>	lace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number Applied I		or
21 Suite And the size		26			59-3279229	9229 Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May B Added to Fees	
Zip <b>24</b>	25 Country	Z (p 29	Country 30	<i></i>	This corporation owes or has paid the c Personal Property Tax due June 30.	X Yes No	,
	9, Name and Address of Cur	rent Hegistered Agent	R1	Name	10. Name and Address of New Registere	d Agent	
	SSELL, DAVID A JR WHITEWOOD DRIVE		01	INAME			
	TONA FL 32725		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
			83				
			B4	, ,	F		
11. Pursuant t	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statute	es, the abov	e-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its regist	ered
agent I ar	n familia with king of opt the ob	ligations of Section 607.0505, Flo	rida Statute	S.	stion's board of directors. Thereby accept the a	politiment as registe	160
SIGNATURE	Signature, typed or printed name of registered	er M.	D		pred when reinstating) 4/25	148	
12.		agent and the Mapplicable (NOTE  NOD DIRECTORS	13.	orit signature requ	ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTORS IN 12	,— i
TITLE	P	DELETE	1.1 TITLE		ADDITIONO/OFFAINALS TO OFFICENS AF	Change A	
NAME	RUSSELL JR., DAVID A		1.2 NAME				
STREET ADDRESS	784 WHITEWOOD DRIVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY-5	ST-ZIP			
TITLE			2.1 TITLE			Change Ac	dition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP		Louist	2. 4 CITY-	ST-ZIP			
TITLE		☐ OELE IE	3.1 TITLE			Change Ac	Idition
NAME CTREET LIBORERS			3 2 NAME				i
STREET ADORESS CITY-ST-ZIP			3 3 STREET				-
TITLE		☐ DELET <b>E</b>	3.4. CITY-1	51 - ZIP		Change Ac	dition
NAME			4. 2 NAME			U Ondingo	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP		•	4.4 CITY - 9				
TITLE		DELETE	5.1 TITLE		<u> </u>	☐ Change ☐ Ac	Idition
NAME			5.2 NAME			-	
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		DELETE	6.1 TITLE			Change Ac	dition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY_CT_7ID			0.4 O(1)/ O	7 7.0			- 1

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 repolicy or true de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an intactive metal in a needed.