

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Janet B. Neumann
Secretary, State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000087407 (0)**

1. Corporation Name

BARRETT'S TOOL RENTAL INC

FILED

95 AUG -7 AM 11:01

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Office Address		2a. Mailing Address	
18151 SW 280 ST HOMESTEAD FL 33031		18151 SW 280 ST HOMESTEAD FL 33031	
21. Principal Office City	26. Mailing Address City		
28400 South Dixie Hwy	Barrett's Tool Rental		
22. Principal Office State	27. Mailing Address State		
FL	FL		
23. Principal Office ZIP	28. Mailing Address ZIP		
33033	33033		
24. Principal Office Country	29. Mailing Address Country		
USA	USA		

3. Date Incorporated or Qualified	3a. Date of Last Report
12/01/1994	
4. FID Number	Applied For Not Applicable
65-0537660	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contributions	☐
7. Other Contributions (Not including but including any other contributions)	
Florida Statutes	☐ Yes ☒ No

9. Name and Address of Current Registered Agent	
BARRETT, JAMES 18151 SW 280 ST HOMESTEAD FL 33031	
81. Name	
82. Street Address (P.O. Box Number is Not Accepted)	
83. City	
84. State	FL
85. ZIP Code	

10. Name and Address of New Registered Agent	

11. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same is true and correct to the best of my knowledge and belief.

12. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same is true and correct to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION																																										
<table border="1"> <tr> <td>NAME</td> <td>D BARRETT, JAMES</td> </tr> <tr> <td>ADDRESS</td> <td>18151 SW 280 ST</td> </tr> <tr> <td>CITY</td> <td>HOMESTEAD FL 33031</td> </tr> <tr> <td>NAME</td> <td>D BARRETT, JOHN</td> </tr> <tr> <td>ADDRESS</td> <td>18151 SW 280 ST</td> </tr> <tr> <td>CITY</td> <td>HOMESTEAD FL 33031</td> </tr> </table>	NAME	D BARRETT, JAMES	ADDRESS	18151 SW 280 ST	CITY	HOMESTEAD FL 33031	NAME	D BARRETT, JOHN	ADDRESS	18151 SW 280 ST	CITY	HOMESTEAD FL 33031	<table border="1"> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>ADDRESS</td> <td></td> </tr> <tr> <td>CITY</td> <td></td> </tr> </table>	NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY		NAME		ADDRESS		CITY	
NAME	D BARRETT, JAMES																																										
ADDRESS	18151 SW 280 ST																																										
CITY	HOMESTEAD FL 33031																																										
NAME	D BARRETT, JOHN																																										
ADDRESS	18151 SW 280 ST																																										
CITY	HOMESTEAD FL 33031																																										
NAME																																											
ADDRESS																																											
CITY																																											
NAME																																											
ADDRESS																																											
CITY																																											
NAME																																											
ADDRESS																																											
CITY																																											
NAME																																											
ADDRESS																																											
CITY																																											
NAME																																											
ADDRESS																																											
CITY																																											

14. I, the undersigned, being a resident qualified person, do hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes, and that the same is true and correct to the best of my knowledge and belief.

SIGNATURE: *James P. Barrett, Jr* **James P. Barrett, Jr** 7-2841 305-248-5224