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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000002288 (5)

INNOVATIVE RENTALS, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1996 8:00 am Secretary of State



	LE FL 32257	JACKSONVILLE FL 3		LEVANU	,	
					3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1995	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For Not Applied For Not Applied For	
21		26			59-3293720 Not Applicable	
Suite, Apt. #	ŧ, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired [7] \$8.75 Additional	
22		27	.,,		Fee Hequired	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution — Added to Fees	
Zφ	Country	Zip 123)	Count	ry	 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No 	
24	g. Name and Address of Curre	29 an Registered Agent	30		10. Name and Address of New Registered Agent	
	g. Haire and Address of Curre			1 Nan		
IOLING	ON VEITH H ECO					
	on, Keith H esq.		8	82 Street Address (P.O. Box Number is Not Acceptable)		
	OODBY'S EXECUTIVE DRIVE		8	3		
SUITE A			[
JAUNS	JACKSONVILLE FL 32217			4 City	y F1 85 Zip Code	
SIGNATURE	h, and accept the obligations of, Sec				on's board of directors. Thereby accept the appointment as registered agent. I am	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE	1 1 111	.f	D ← Change Addition	
NAME			1.2 NAM	!E	ROBINSON, PAUL	
STREET ADDRESS			1.3 STR	EL ADDRES	3810 4 WILLIAMBURG PARK BLVD	
CITY - ST - ZIP			1.4.0111	- 51 - ZIF		
TITLE		DEFELE	2 1 THU	.ŧ	Change Addition	
NAME			2.2 NAM		RAMEY, ROBERT J.	
STREET ADDRESS			2 3 \$ I RI	eet addre:	185 3810-4 WILLIAMS BURG MARK ELVO	
CIFY - Sr - ZIP				·S'ZP		
TITLE		DECETE	3 1 TITU		Change Addition	
NAME			3.2 NAM		WARFIELD, STEVEN	
STREET ADDRESS			1		1855 3810-4 WILLIAMSBURG PARK BLYD	
CITY-ST-ZIP		רי) הנוניו		- ST - ZIP	TACKSONVILLE, FL 32257	
TITLE		DELETE	4 1 1(1)		A30:it0f	
NAME			4.2 NAM			
STREET ADDRESS				EET ADORE		
CITY-ST-ZIP TITLE				4.4 CHY - S1 - ZIP		
			5 2 NAS		Li Grange Number	
NAME concert appeared				-	pre l	
STREET ADDRESS				EET ADDRE	1	
CITY-ST-7IP TITLE		☐ DELETE	5.4 CH	(-\$T-7-P_	☐ Change ☐ Addition	
NAME			62 NAN			
					Ecc	
STREET ADDRESS				EET ACORE		
City-St-ZiP	1		■ 64 CH	r - ST - ZIP	I	

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this arrived 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 13 if changed, or on an attachment with an address.

SIGNATURE:

904.737.9302