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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - ST - 7IF

TITLE

NAME STREET ADDRESS

CITY - ST

TITLE

NAME

TILLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY - ST - 24P



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500007208 (8)

ASSOCIATION RENTAL SERVICES, INC.

5000 N.W. 27TH COURT 5000 N.W. 27TH COURT SUITE C SUITE C GAINESVILLE FL 32606 GAINESVILLE FL 32608-6500 3. Date Incorporated or Qualified 3a. Date of Last Report 01/24/1995 01/23/1996 2. Principal Place of Business 2a. Mailing Address Applied For 2830 N.W 59-3309230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, aev 3alo0(0 29 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALTER, JAMES D 703 N.E. FIRST STREET 82 Street Address (P.O. Box Number is Not Acceptable) GAINESVILLE FL 32601 83 84 City 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 Signature in principal principal name of degistered agont and title disput cable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THEF 1.1 TITLE Change NAMÉ CHISOLM, LINDA R 1.2 NAME 5000 N.W. 27TH COURT, SUITE C 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** 1.4 CITY-ST-ZIP CCTY - ST - 7IF DELETE Change Addition TITLE 2.1 TITLE NAM5 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS

2 4 CITY - ST-ZIP

3.3 STREET ADDRESS 3.4. City-St-ZiP

4.3 STREET ADDRESS

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5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

3.1 TITLE

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

□ DELETE

64 CITY-S1-ZIP

14. If do 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 supplied 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 12 or Block 12 or Block 12 or Block 13 or on anythogolytent with an address.

SIGNATURE Sinda & Chip of MOURED

35a/374-9926

Change

Change

Change

☐ Change

Addition

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Addition

Addition

**FILED** 

Feb 07 1997 8:00am

Secretary of State

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