

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000013920 (0)

1. Corporation Name

SPACE COAST RENTAL AND SALES, INCORPORATED



Principal Place of Business

1775 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

Mailing Address

1775 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

02/17/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 1103 Ashley Avenue
Suite, Apt. #, etc.

26 1103 Ashley Avenue
Suite, Apt. #, etc.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23 City & State
Indian Harbour Beach, FL

27 City & State
Indian Harbour Beach, FL

24 Zip
32937

25 Country
Brevard

29 Zip
32937

30 Country
Brevard

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDSID, HENRY W
1775 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

81 Name

LuAnn McDermaid

82 Street Address (P.O. Box Number is Not Acceptable)

1103 Ashley Avenue

83

84 City

Indian Harbour Beach

FL

85 Zip Code

32937

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

LuAnn McDermaid

(NOTE: Registered Agent signature required when reinstating)

LuAnn McDermaid

04/27/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SIMPSON, ROBERT
STREET ADDRESS C/O 43 PORTLAND PLACE
CITY-ST-ZIP LONDON, WIN 3AG

TITLE D ☒ DELETE
NAME BATESON, MICHAEL
STREET ADDRESS C/O 43 PORTLAND PLACE
CITY-ST-ZIP LONDON, WIN 3AG

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME LUANN MCDERMAID
1.3 STREET ADDRESS 1103 ASHLEY AVENUE
1.4 CITY-ST-ZIP INDIAN HARBOUR BEACH, FL 32937

2.1 TITLE D/V ☒ Change ☐ Addition
2.2 NAME CAROLYN MARSDEN
2.3 STREET ADDRESS 750 N. ATLANTIC AVE. #407
2.4 CITY-ST-ZIP COCOA BEACH, FL 32931

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

LuAnn McDermaid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LuAnn McDermaid, President/Director

04/27/96 (407) 777-8844
Date Daytime Phone #

CR2E034 (12/95)