

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000021694 (1)

1. Corporation Name

4 RENT GAINESVILLE, INC.



Principal Place of Business

1111-118 S.W. 16TH AVENUE  
GAINESVILLE FL 32601

Mailing Address

1111-118 S.W. 16TH AVENUE  
GAINESVILLE FL 32601

2. Principal Place of Business

21 317 SE 3RD AV.

Suite, Apt. #, etc.

2a. Mailing Address

26 PO BOX 1068

Suite, Apt. #, etc.

22 City & State

23 MELROSE, FL

27 City & State

28 MELROSE, FL

24 Zip Country

25 32606 USA

29 Zip Country

30 32606-1068 USA

9. Name and Address of Current Registered Agent

GRAY, LARI S  
1111-118 S.W. 16TH AVENUE  
GAINESVILLE FL 32601

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

N/A

4. FET Number

59-3311410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

10. Name and Address of New Registered Agent

81 Name

LARI S. GRAY

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

317 SE 3RD AV.

83

84 City

MELROSE

FL

85 Zip Code

32606

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 I am not a resident of, the State of Florida.

SIGNATURE

*Lari S. Gray*

LARI S. GRAY, PRESIDENT

4/29/96

Signature of person authorized to register agent and file fee (applicable)

(NOT Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GRAY, LARI S  
STREET ADDRESS 1111-118 S.W. 16TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☒ DELETE

NAME VSD  
STREET ADDRESS HEWITT, BETTY  
CITY-ST-ZIP 3134 N.W. 8TH STREET  
GAINESVILLE FL 32609

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, unchanged, or in an attachment with an address.

SIGNATURE:

*Lari S. Gray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

(352) 475-5452

DAYTIME PHONE #

CR2E034 (12/95)