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FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000091877 (7)

1. Corporation Name
PENSACOLA RENTALS PLUS, INC.

Principal Place of Business

3128 FAYAL DR.
PENSACOLA FL 32526

Mailing Address

3128 FAYAL DR.
PENSACOLA FL 32526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

59-3345695

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6219 Hwy 90 West

Suite, Apt. #, etc.

22

City & State

23 Milton, FL.

Zip

24 32570

Country

25 USA

2a. Mailing Address

26 5586 Chantilly Circle

Suite, Apt. #, etc.

27

City & State

28 Milton, FL.

Zip

29 32588

Country

30 USA

9. Name and Address of Current Registered Agent

ABABON, HIRO
3128 FAYAL DR.
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

Ababon, Hiro

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

5586 Chantilly Circle

83

84 City

Milton

FL

85 Zip Code

32588

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME ABABON, HIRO
STREET ADDRESS 524 S. EDGEWOOD CIRCLE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ DELETE

TITLE V
NAME HOWE, DONALD
STREET ADDRESS 524 S. EDGEWOOD CIRCLE
CITY-ST-ZIP PENSACOLA FL 32506 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition
1.2 NAME Ababon, Hiro
1.3 STREET ADDRESS 5586 Chantilly Circle
1.4 CITY-ST-ZIP Milton, FL. 32588

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Howe, Donald
2.3 STREET ADDRESS 5586 Chantilly Circle
2.4 CITY-ST-ZIP Milton, FL. 32588

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

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

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

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

14. I 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 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

[Signature]

[Signature]

ABABON

3-31-98

550 957-9411

CR2E034 (10/97)