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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

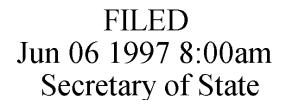
DOCUMENT # P96000032696 (2)

RESERVE RENT-A-CAR, INC.

Principal Place of Business

Mailing Address

398 WEST JOHN 8MS PARKWAY NICEVILLE FL 32578 398 WEST JOHN SIMS PARKWAY NICEVILLE FL 32578-1947





			3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report
2. Principal Place of Business 2a.	Mailing Address		4. FEI Number •	Applied For
21 3945 5 Feroon 26	3945 5	Feron	59-3435486	Not Applicable
Sulte, Apt. #, etc. 27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Crestview FL 28	Cresture	v FC	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24 32536 25 V3A 29	32536	30 USA		Yes No
<ol> <li>Name and Address of Current Register</li> </ol>	ered Agent		10. Name and Address of New/Reg	stered Agent
BEDNAR, MARK A		81 Name		
11 EAST ZARAGOZA STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable	0)
PENSACOLA FL 32501		OZ SIJOSI AGG	ress (r.o. box number is not Acceptable	e,
		83		
		84 City		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 60	7 1508 Florida Statute	s the above-parried corr	poration submits this statement for the pu	
office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of,	a. Such change was au	uthorized by the corpora	tion's board of directors. I hereby accept	the appointment as registered
SIGNATURE Signature, typed or printed name of repisitived agent and little if		Ringistered Agent's gnature requ		DATE
12. OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE D	DEFETE	1.1 TITLE	ANIBLE E. BELL, JR.	Change Addition
NAME BEDNAR, MARK A		1.7 NAME SO	4 LAKE AMICK DR	
STREET ADDRESS 11 EAST ZARAGOZA STREET				
CITY-ST-ZIP PENSACOLA FL 32501		1.4 CITY+ST-ZIP 🖊	ICEVILLE, PLA 32571	P
TITLE	DELETE	2 1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		2.4 City-St-ZiP		
TITLE				
	DELETE	31 TITLE		Change Addition
NAME	DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS	☐ DELETE		, , , , , , , , , , , , , , , , , , , ,	Change Addition
STREET ADDRESS	☐ DELETE	3.2 NAME	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
	☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME	_	3.2 NAME 3.3 STREE1 ADDRESS 3.4. CITY - ST - 7/P 4.1 TITLE 4.2 NAME		
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STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	_	3.2 NAME 3.3 STREE1 ADDRESS 3.4. CITY - ST - 7/P 4.1 TITLE 4.2 NAME		
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I do nevely certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19 07(3)(f), ronda Statutes. Frurings certify that the information indicated on this annual report is 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 all chiment with an address.

CIGNATURE

4/20191

904-689-040C