PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90166 027 ***150.00

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DOCUMENT # **P96000032696**1. Corporation Name

RESERVE RENT-A-CAR, INC.

Principal Place of Business Mailing Address								
1200 N EGLIN PKWY SHALIMAR FL 32579 US		1200 n eglin PKWY Shalimar Fl. 32579 US		DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed 04/10/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			59-3435486			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certifcate of Status Desired		\$8.75 A	quired
City & State		City & State	28		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip	Country 30		This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R	egistered /	Agent	
250	NAR, MARK A		81	Name				
11 E		82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32501			83					
			84	City		FL	85 Zip C	Code
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized by the statutes.	the corporation	oration submits this statement for the on's board of directors. I hereby accep	DATE	itment as reg	gistered
12.			13.		ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PVTS	DELETE 1.1 TI					Change	Addition
NAME	BELL, DANIEL E JR.		1.2 NAME					
STREET ADDRESS	•		1.3 STREET	ADDRESS				
CITY-ST-ZIP	NICEVELLE FL		1.4 CITY-ST	- 1				
TITLE	THOUSELLE I E	DELETE	2.1 TITLE				☐ Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	ess 2		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME I			3.2 NAME					
STREET ADDRESS	ORESS 33		3.3 STREET	ADDRESS				
CITY-ST-ZIP			34. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				}
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

850-651-5450