

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90251 030 ***150.00

DOCUMENT # P97000035055

1. Corporation Name

3R'S INC. RENTAL RENEW & RESTORE



Principal Place of Business

2200 KINGS HIGHWAY
BLDG 3-L SUITE 16
CHARLOTTE HARBOR FL 33980

Mailing Address

2200 KINGS HIGHWAY
BLDG 3-L SUITE 16
CHARLOTTE HARBOR FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1997

4. FEI Number

65-0684793

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Port Charlotte

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Port Charlotte

29 Zip Country

30

9. Name and Address of Current Registered Agent

STEPHENS, GENE A

~~4300 KINGS HIGHWAY~~

~~SUITE B-7~~

~~CHARLOTTE HARBOR FL 33980~~

10. Name and Address of New Registered Agent

81 Name

Same

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

83 2200 Kings Hwy 3-L Suite 16

84 City

Port Charlotte

FL

85 Zip Code

33980

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 ☐ DELETE

NAME STEPHENS, GENE A

STREET ADDRESS ~~4300 KINGS HIGHWAY, SUITE B-7~~

CITY-ST-ZIP ~~CHARLOTTE HARBOR FL 33980~~

TITLE ☐ DELETE

NAME STEPHENS, JANHEA

STREET ADDRESS 2474 ODESSA LANE

CITY-ST-ZIP PUNTA GORDA FL 33983

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

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

☒ Change ☐ Addition

2200 KINGS Hwy BLD 3-L Suite 16

Port Charlotte FL 33980

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-20-99

941-766-3177

Date

Daytime Phone #

CR2E034 (11/98)