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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000073483

1. Corporation Name

SIESTA INVESTMENT RENTALS, INC.

Principal Place of Business

**5053 OCEAN BLVD.
BOX 109B
SIESTA KEY FL 34242
US**

Mailing Address

**378 CANAL ROAD
SARASOTA FL 34242**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1997

4. FEI Number

65-0777420

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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9. Name and Address of Current Registered Agent

**THURSTON, BEN
378 CANAL ROAD
SUITE 204
SARASOTA FL 34242**

10. Name and Address of New Registered Agent

81 Name

J. Kevin Drake, Esq.

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

1343 Main Street, Suite 204

83

84 City

Sarasota,

FL

85 Zip Code
34236

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

2/16/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D THURSTON, BEN F SR**
STREET ADDRESS **378 CANAL ROAD**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☒ DELETE
NAME **D THURSTON, PATRICIA A**
STREET ADDRESS **378 CANAL ROAD**
CITY-ST-ZIP **SARASOTA FL 34242**

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 **P/S/D**
1.3 STREET ADDRESS **THURSTON, BEN F., SR.**
1.4 CITY-ST-ZIP **5053 OCEAN BOULEVARD, BOX 109B
SARASOTA, FL 34242**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **T**
2.3 STREET ADDRESS **LYNN, CATHIE**
2.4 CITY-ST-ZIP **5053 OCEAN BOULEVARD, BOX 109B
SARASOTA, FL 34242**

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

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

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

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

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

Date

Daytime Phone #

CR2E034 (1/98)