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

DOCUMENT # P97000085176

1. Corporation Name

VANDERBILT EQUIPMENT RENTAL COMPANY

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90032 029 ***150.00



														j
Principal Place of Business Mailing Address													••••	
6026 TAYLOR ROAD #2				6026 TAYLOR ROAD #2										
NAPLES FL 34109				N/	NAPLES FL 34109					DO NOT WRITE IN THIS SPACE				
									-	3. Date Incorporated or Qualifed			-	L
									1	09/05/1997				l
2 Principal Di	ogo of Busins	-		22	> Mailing Address			_	-	4. FEI Number		. An	plied For	- ~
2. Principal Place of Business				26 Zan Mailing Audress						59-3473269			Applicable	ι '
21)				Suite, Apt. #, etc.							\$8.75			
Suite, Apt. #, etc.				27	27					5. Certifcate of Status Desired		Fee Re		
22				- 21	City & State .					6. Election Campaign Financing		\$5.00	May Ro	
City & State				30	28					Trust Fund Contribution		Added t		
Zip Country					Zip Country				 -	8. This corporation owes the curre	nt vear Inta		-	1
				29	, ·			,		Personal Property Tax.	nt your mio	Yes	□No	
24	9. Name and Address of Current							10. Name and Address of New Registered Agent			Agent			
	and Address	3 OI OUITEIN	iro A.	stered Agons	_	81	Name			- <i>X</i>				
HILG	EMAN, ROE	DERICK					82						_	Ì
6026 TAYLOR ROAD #2								Street A	Address (P.O. Box Number is Not Acceptable)					
NAPLES FL 34109														1
100		••					83				_			
							84	City			FL	85 Zip (Code	
44 Burguant	to the provisic	one of Socti	ne 607 0502	and f	607 1508 Florida Statu	les the a	hove	-named o	comora	ion submits this statement for the p		hanging its	registered	İ
office or re	egistered age n familiar with	nt, or both, h, and acce	in the State of the obligation	f Flori	ida. Such change was a f, Section 607.0505, Flo	uthorize orida Stat	d by utes.	the corpo	ration's	ion submits this statement for the poord of directors. I hereby accept	the appoin	tment as re	gistered	
SIGNATURE														-
	Signature, typed o						1 Agen	t signature re	equired wh	en reinstating)	DATÉ	D DIDECTO	GC IN 42	Í
12.		OF	FICERS ANI	DIR		13.				ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition	(11/0R
TITLE	D		.		☐ DELETE	1.1 TI						□ Change		5
NAME	HILGEMAN					1.2 N	AME							8
STREET ADDRESS	6026 TAY		#2			1.3 \$	TREET	ADDRESS						Ϊ
CITY-ST-ZIP	NAPLES F	L 34109				1.4 C	ITY-\$1	-ZIP					- A	ļά
TITLE	D				☐ DELETE	2.1 T	TLE					Change	☐ Addition	`
NAME	MORALES	, ERIC\ /		_		2.2 N	AME							
STREET ADDRESS	2541 JAM	ES ROAD	en - gas	J= 19	e. and ees merene Asies.	2.3 S	TREET	ADDRESS			س تبد			Ĩ
CITY-ST-ZIP	NAPLES F	L 34114				2.40	CITY-S	T-ZIP						١.
TITLE			_		☐ DELETE	3.1 ↑	ITLE					☐ Change	Addition	
NAME						3.2 N	AME	1						
STREET ADDRESS						3.3 S	TREET	ADDRESS]
CITY-ST-ZIP						3.4. 0	CITY-S	T-ZIP_						1
TITLE					☐ DELETE	4.1 T						☐ Change	☐ Addition	1
NAME						4.21	AME							1
STREET ADDRESS						4.3 S	TREET	ADORESS						1
							JTY-ST	ļ						
CITY-ST-ZIP					☐ DELETE	5.1 T						☐ Change	Addition	1
	1,					5.2 N								
NAME								ADDRESS						
STREET ADDRESS							ITY-SI							
CITY-ST-ZIP .		-	 :		DELETE	6.1 T		- 41				Change	☐ Addition	1
TITLE					FIDEFEIG	6.2 N		ļ						
NAME .							_	ADDRESS						l
STREET ADDRESS						- 1		ADDRESS						
CITY-ST-7IP						■ 6.4 C	ITY-SI	r-ZIP						1

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