SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998 ·



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700085876 (5)

RICHARD A. GOULET RENTALS, INC.

NIUMAN	NO A. GOULET REIVIALS,	IINO:			
Principal Pla	ice of Business	Mailing Address	······································	1	
13820 89 AVE NO 13820 89 AVE NO				1	•
SEMINOLE FL 33776 SEMINOLE FL 33776				ļ	
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	<u>-</u> -
L				10/03/1997	·
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			39-3500357	Not Applicable	
22	l. #, U (U.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	
23	=:=	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur			10. Name and Address of New Register	
GO	ULET, RICHARD A		81 Name		
	20 89 AVE NO		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SEN	MINOLE FL 33776				
			83		
1			84 City		. 85 Zip Code
				F	L J
agent I SIGNATURE	Signature, typed or printed name of registered i	·	OTE. Registered Agent signature reg	guired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
TITLE	PREL/DIR	DELETE	1.1 TITLE		Change Addition
NAME	RICHARD A 60	ULET	1.2 NAME		
STREET ADDRESS 13820 89 AV N			1.3 STREET ADDRESS		
CITY-ST-ZIP	LEMINOLE FL	33>>6	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	5		2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		
TITLE		L_] DELETE	3.1 TITLE	gaming gaming gaming gaming county gaming gaming	Change Addition
NAME			3.2 NAME	900002663	instructul Thom
STREET ADDRESS			3.3 STREET ADDRESS	-10/14/9801071-	-U 20
CITY-ST-ZiP			3.4 CITY-ST-ZIP	***550.00	
TITLE		L_] DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS	·		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		<u> </u>	4.4 CITY-ST-ZIP 5.1 TITLE		
		☐ DELETE			Change Addition
NAME expect apont on			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Driete	5.4 CITY-ST-ZIP 6.1 TITLE		Channa Addi
NAME		DELETE	6.2 NAME		Change Addition
1 INCHE	1		6.2 NAME		10, 10

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 address.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BILLY D

7/10/98 (727)391-2680

FILED

Oct 14 1998 8:00am

Secretary of State

KZE034 (5/98)