2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # **P98000006104**

1. Entity Name
ANNETTE AUTO RENTAL, INC.

Principal Place of Business	Mailing Address
7715 ATLANTIC BLVD	7715 ATLANTIC BLVD
JACKSONVILLE FL	JACKSONVILLE FL
32211	32211

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8327 ARLINGTON EXPRESSWAY	PO BOX 8904
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32211 / Country:	Zip: 32239 / Country:

4. FEI Number: **59-3485202** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS DAVID
7715 ATLANTIC BLVD
JACKSONVILLE FL
32211

7. Name and Address of New Registered Agent

Name: MYERS DAVID
Street Address (P.O. Box Number is Not Acceptable): 8327 ARLINGTON EXPRESSWAY
City: JACKSONVILLE **FL** Zip Code: 32211

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ______________________ 04/27/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MYERS WILLIAM S 138 PASSAGE DRIVE ORANGE PARK FL 32073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MYERS DAVID 3667 ARIEL COURT JACKSONVILLE FL 32277 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. MYERS P 04/27/2000