2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006104

AMENDMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 28 PM 12:06

1. Entity Name
ANNETTE AUTO RENTAL, INC.

Principal Place of Business
2238 ATLANTIC BLVD
JAX, FL 32207

Mailing Address
2238 ATLANTIC BLVD.
JAX FL 32207

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593485202 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS, DAVID
2238 ATLANTIC BLVD,
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

900004719319--9
-12/11/01--01070--022
*****70.00 *****61.25

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, 2001 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	P MYERS, DAVID 3667 ARIEL CT JACKSONVILLE, FL 32277 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ANGELA MYERS 3667 ARIEL COURT JACKSONVILLE, FL 32207 ☒ Change ☐ Addition
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	VP WILLIAM MYERS 907 PARK AVE SUITE 2 ORANGE PARK, FL 32073 ☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Angela Myers PRESIDENT — 11/19/01 — 904 399-8877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #