

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90190 049 ***150.00

DOCUMENT # P98000053602

1. Corporation Name
RENT TO OWN, INC.



Principal Place of Business
3135 16TH STREET NORTH
SAINT PETERSBURG FL 33704

Mailing Address
3135 16TH STREET NORTH
SAINT PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1998

4. FEI Number

59-3516906

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
MICHAEL MASSIMINI
82 Street Address (P.O. Box Number is Not Acceptable)
3615 SWANN AVE.
83
84 City
TAMPA
85 Zip Code
FL 33606

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERNHARD, AMITY	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RAND, JAMIE	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WHITACRE, WHITNEY W	
STREET ADDRESS	3135 16TH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERNHARD, AMITY	
1.3 STREET ADDRESS	2118 W. CASS ST	
1.4 CITY-ST-ZIP	TAMPA FL 33606	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAND, JAMIE	
2.3 STREET ADDRESS	2118 W. CASS ST	
2.4 CITY-ST-ZIP	TAMPA FL 33606	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITACRE, WHITNEY	
3.3 STREET ADDRESS	2118 W. CASS ST	
3.4 CITY-ST-ZIP	TAMPA FL 33606	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Amity Bernhardt, President
3/30/99 259-1560
(813)

Date

Daytime Phone #

CR2E034 (1/198)