## 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 # **P98000056687**1. Corporation Name

CARROLL RENTALS & MANAGEMENT, INC.

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90056 012 \*\*\*158.75



										<u>                                     </u>
Principal Place of Business Mailing Address										101 (2)() (001 (001
7088 IMMOKALEE ROAD 7088 IMMOKALEE ROAD										
KEYSTONE HE	GHTS FL 32656	KEYSTONE	KEYSTONE HEIGHTS FL 32656				DO NOT W	RITE IN THIS	SDACE	
									- ACL	
							<ol> <li>Date Incorporated or Qualife</li> <li>06/23/1998</li> </ol>	u 	·	
2. Principal Pl	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	<b>-</b> .		Applied For
21		26	26				65-089245	<u>oo</u>		Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	X	·	Additional Required
City & State	0		City & State				6. Election Campaign Financin		\$5.0	0 May Be
23		28	28				Trust Fund Contribution	'	Adde	d to Fees
Zip	Country	Zip		Count	ry		8. This corporation owes the cu	rrent year Inta	ıngible	
24	25 29 30		30			Personal Property Tax.		☐ Yes	<b>∑</b> #lo	
	9. Name and Address of Currer	nt Registered A	gent				10. Name and Address of New	Registered /	Agent	
				Į8	11	Name				
NEWELL, PAUL D 260A LAWRENCE BLVD STE 201				8	12	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
KEYSTONE HEIGHTS FL 32656			8	13						
				8	34	City		FL	85 Zi	p Code
11 Pursuant	to the provisions of Sections 607.050	12 and 607 1508	Florida Statute	s. the abo	ve-	-named corpo	oration submits this statement for the	e purpose of	changing	its registered
office or r	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida, Such	Change was all	inonzen i	וו ענ	he corporatio	n's board of directors. I hereby acc	ept the appoir	ntment as	registered
SIGNATURE						<del></del>		DATE		
					gent	signature required	ADDITIONS/CHANGES TO C		D DIREC	TORS IN 12
12.	<del></del>	ND DIRECTORS	DELETE	13.			ADDITIONO DI MACE TO C		☐ Chang	
TITLE	D CARROLL IODI I		_ Occerte	1.2 NAM						
NAME	CARROLL, JODI L			•		*DODECC				
STREET ADDRESS 7088 IMMOKALEE ROAD					1.3 STREET ADORESS 1.4 City-St-Zip					ĺ
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 3265	<u> </u>	DELETE	2.1 TITL		ZIP			Chand	e Addition
TITLE			L. DELETE			}				, , , , , , , , , , , , , , , , , , , ,
NAME				2.2 NAM						
STREET ADDRESS				1		ADDRESS				}
CITY-ST-ZIP				2.4 CIT	_	- ZIP			- C	e Addition
TITLE	• • •	.•	DELETE	3.1 TITL		-	High Timbus Commission		· [=] Griang	le · [] Addition [
NAME				3.2 NAM						ì
STREET ADDRESS				3.3 STR	EET/	ADDRESS				ĺ
CITY-ST-ZIP		<del></del>		3.4. CIT		-ZIP				
TITLE			☐ DELETE	4.1 TTU	E				Chang	ge Addition
NAME	·			4. 2 NAM	Æ	1				j
STREET ADDRESS				4.3 STR	EET/	ADDRESS				
CITY-ST-ZIP				4.4 CITY	-ST-	-ZIP				
TITLE			□ DELETE	5.1 TITU					Chang	ge
NAME				5.2 NAM		}				l
STREET ADDRESS				5.3 STR	EET	ADDRESS				ł
CITY-ST-ZIP	<u> </u>			5.4 CITY		-ZIP				
TITLE			DELETE	6.1 TITL	E				Chang	ge ☐ Addition
NAME				6.2 NAM	E					l
STREET ADDRESS				6.3 STR	EET,	ADDRESS				
CITY-ST-ZIP				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: