

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S43645** (8)  
1. Corporation Name  
**BONZAI RENTALS, INC.**



Principal Place of Business  
**6541 N. LAGOON DRIVE  
PANAMA CITY BEACH FL 32408**

Mailing Address  
**6541 N. LAGOON DRIVE  
PANAMA CITY BEACH FL 32408**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**04/05/1991**

4. FEI Number

**59-3058437**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**FITZSIMONS, CATHERINE D  
6545 N. LAGOON DRIVE, #8  
PANAMA CITY FL 32408**

10. Name and Address of New Registered Agent

81 Name **Catherine FitzSimons Shores**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**210 Hamilton Avenue**  
83 **Panama City, FL**  
84 City **FL** 85 Zip Code **32401**

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 **Catherine F. Shores**  
Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE **4/14/98**

12. OFFICERS AND DIRECTORS

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>PD</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>FITZSIMONS, SAMUEL G. IV</b>   |                                 |
| STREET ADDRESS | <b>6541 N. LAGOON DRIVE</b>       |                                 |
| CITY-ST-ZIP    | <b>PANAMA CITY BEACH FL 32408</b> |                                 |
| TITLE          | <b>VPD</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>FITZSIMONS, CATHERINE D</b>    |                                 |
| STREET ADDRESS | <b>6545 N. LAGOON DRIVE, #8</b>   |                                 |
| CITY-ST-ZIP    | <b>PANAMA CITY FL 32408</b>       |                                 |
| 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    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>VPD</b>                                                        |
| 2.3 STREET ADDRESS | <b>Shores, Catherine FitzSimons</b>                               |
| 2.4 CITY-ST-ZIP    | <b>210 Hamilton Avenue</b>                                        |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Panama City, FL 32401</b>                                      |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 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.

SIGNATURE: **Catherine F. Shores VP Catherine F. Shores 4/14/98 (890) 233-0197**

CR2E034 (10/97)