

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:44

DOCUMENT # S80927 (4)

1. Corporation Name

PREFERRED FLORIDA RENTALS, INC.

Principal Place of Business

**ATTN E KLEMENTS
19353 US HWY 19 N. S100
CLEARWATER FL 34624
US**

Mailing Address

**ATTN E KLEMENTS
P O BOX 6600
CLEARWATER FL 34618
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/18/1991

3a. Date of Last Report

03/29/1994

4. FEI Number

59-3085382

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Morris A. LeCompte, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

100 Second Avenue South

83

City Center - 12th Floor

84 City

St. Petersburg

FL

85 Zip Code

33701

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

Morris A. LeCompte

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2/25/95

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

COPE, RICHARD W.

STREET ADDRESS

19353 US HWY 19 N S100

CITY - ST - ZIP

CLEARWATER FL

TITLE

VD

NAME

MUELLER, JAMES G.

STREET ADDRESS

2101 W. COMMERCIAL BLVD #4000

CITY - ST - ZIP

FT. LAUDERDALE FL

TITLE

ATS

NAME

TOOKE, EDWIN C.

STREET ADDRESS

19353 US HWY 19 N S100

CITY - ST - ZIP

CLEARWATER FL

TITLE

D

NAME

TOOKE, EDWIN C

STREET ADDRESS

19353 US HWY 19 N S100

CITY - ST - ZIP

CLEARWATER FL

TITLE

TAS

NAME

STICCO, LEWIS A

STREET ADDRESS

19353 US HWY 19 N S100

CITY - ST - ZIP

CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

L. A. Sticco

Lewis A. Sticco

4/6/95

813/538-5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number