FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59710 (6)

1. Corporation Name

SOUTHEAST RENTAL & LEASING, INC.

Principal Place of Business	Mailing Address
P.O. BOX 568245 ORLANDO FL 32856 US	P.O. BOX 568245 ORLANDO FL 32856 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1992	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3132678	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

SHAW, PAMELA N.
675 W MICHIGAN AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BURDEN, RANDY O
STREET ADDRESS	1611 S SUMMERLIN AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	HOOKER, DOUGLAS P
STREET ADDRESS	511 HANSEL AVE
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	SHAW, PAMELA N
STREET ADDRESS	2901 S OSCEOLA STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	VD
NAME	TRIPP, GARY H
STREET ADDRESS	4182 CONWAY PLACE
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Blocks 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; ☐ Change ☐ Addition — blank)

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)(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: Pamela N. Shaw Sec/Treas 4-27-95 (407)426-8252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

Pamela N. Shaw

0066887 CP