

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Suzanne E. Mantle  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H46727 (4)**

1. Corporation Name  
**PUNTA GORDA RENT-ALL AND SALES CO., INC.**

Principal Place of Business  
**% CHARLES E. MANTLE JR.  
25115 MARION AVE  
PUNTA GORDA FL 33950**

Mailing Address  
**% CHARLES E. MANTLE JR.  
25115 MARION AVE  
PUNTA GORDA FL 33950**



2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

**MANTLE, CHARLES E. JR.  
25115 MARION AVE  
PUNTA GORDA FL 33950**

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

3. Date Incorporated or Created **02/25/1985** 3a. Date of Last Report **03/28/1995**  
4. EIN Number **59-2502735** 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. 193.02, Florida Statutes.  Yes  No  
10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0512 and 607.1508, Florida Statutes, the above named corporation solemnly proclaims that the purpose of changing its registered office or registered agent, or both, in the State of Florida, as hereinabove was authorized by the corporation's Board of Directors, hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.0512, Florida Statutes.

SIGNATURE

Signature and printed name of person authorized to sign this report

Signature and printed name of registered agent

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETED
NAME	<b>CASKEY, JOHN W. JR.</b>	
STREET ADDRESS	<b>2595 TARPON RD.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETED
NAME	<b>MANTLE, CHARLES E. JR.</b>	
STREET ADDRESS	<b>141 DANFORTH DRIVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETED
NAME	<b>MANTLE, SUZANNE E.</b>	
STREET ADDRESS	<b>141 DANFORTH DRIVE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-ST-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-ST-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-ST-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-ST-ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	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)(a), Florida Statutes. I further certify that the information indicated on this report is true and correct to the best of my knowledge and belief 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; and that I am duly qualified to execute this report as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached list with an address.

SIGNATURE: **SUZANNE E. MANTLE** 2/3/96 941-637-1511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)