

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

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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

 95 JAN 31 AM 9: 06

DOCUMENT # 457246 (7)

1. Corporation Name
TUCKER EQUIPMENT RENTAL AND SALES, INC.

| | |
|--|--|
| Principal Place of Business 113-11TH ST NEPTUNE BCH FL 32266 US | Mailing Address 113-11TH ST NEPTUNE BCH FL 32266 US |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip Country | 29 Zip Country |

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/18/1974 | 3a. Date of Last Report 01/19/1994 |
| 4. FEI Number 59-1543743 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PERSONS, ROBERT JR.
 2215 S. 3RD ST., SUITE 101
 JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | TUCKER, JOHNNY E |
| STREET ADDRESS | 42-11TH STREET |
| CITY-ST-ZIP | ATLANTIC BCH, FL 00000 |
| TITLE | ST |
| NAME | TUCKER, ADELAIDE R |
| STREET ADDRESS | 42-11TH STREET |
| CITY-ST-ZIP | ATLANTIC BCH, FL 00000 |
| TITLE | PD |
| NAME | RICHARDS, KENNETH G |
| STREET ADDRESS | 1885 HICKORY LANE |
| CITY-ST-ZIP | ATLANTIC BCH, FL 00000 |
| TITLE | V |
| NAME | RUNYON III, NORMAN |
| STREET ADDRESS | 6676 RAMOTH DRIVE |
| CITY-ST-ZIP | JACKSONVILLE FL |
| TITLE | D |
| NAME | RICHARDS, JEAN |
| STREET ADDRESS | 1885 HICKORY LANE |
| CITY-ST-ZIP | ATLANTIC BEACH FL |
| TITLE | D |
| NAME | FORD, JOSEPHINE D. |
| STREET ADDRESS | 2002 LAKEVIEW COURT |
| CITY-ST-ZIP | ATLANTIC BEACH FL |

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 | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Kenneth Richards* Kenneth Richards President 1/25/95 904-246-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR