

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/18/1974**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **59-1543743**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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 (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-STATE-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-STATE-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-STATE-ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-STATE-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-STATE-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 697, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE: *Kenneth Richards* *Kenneth Richards* *2/28/96* *904-246-1330*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)