

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32266-3374 US
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

3. Date Incorporated or Qualified 07/18/1974	3a. Date of Last Report 04/09/1996
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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	

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*****165.00**

AD 4-24-97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: *Kevin Rutledge* **REQUIRED** / 4-24-97

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

CR2E034 (9/96)