

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>113-11TH ST                  NEPTUNE BCH FL 32266                  US</b>	Mailing Address <b>113-11TH ST                  NEPTUNE BCH FL 32266                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/18/1974**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number <b>59-1543743</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
<b>FL</b> 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	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>TUCKER, ADELAIDE R</b>	
STREET ADDRESS	<b>42-11TH STREET</b>	
CITY-ST-ZIP	<b>ATLANTIC BCH, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDS, KENNETH G</b>	
STREET ADDRESS	<b>1885 HICKORY LANE</b>	
CITY-ST-ZIP	<b>ATLANTIC BCH, FL 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>RUNYON III, NORMAN</b>	
STREET ADDRESS	<b>6676 RAMOTH DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDS, JEAN</b>	
STREET ADDRESS	<b>1885 HICKORY LANE</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORD, JOSEPHINE D.</b>	
STREET ADDRESS	<b>2002 LAKEVIEW COURT</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Richards, Josephine D.</b>
5.3 STREET ADDRESS	<b>1633 Park Terr. East</b>
5.4 CITY-ST-ZIP	<b>Atlantic Beach FL 32233</b>
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 hereby certify that the information supplied with this filing 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: *K. S. Phelps* *Kenneth D. Richards* *ulolao*

CR2E034 (10/97)