

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

FILED

Apr 22 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # **457875** (3)
1. Corporation Name
GENERAL RENTAL CO., INC.



Principal Place of Business
**1000 STANLEY DRIVE
NEW BRITAIN CT 06053
US**

Mailing Address
**1000 STANLEY DRIVE
NEW BRITAIN CT 06053-1675
US**

3. Date Incorporated or Qualified
09/12/1974

3a. Date of Last Report
09/26/1996

4. FEI Number
59-1589077

Applied For
 Yes No

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. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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
FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CRAIG A.	1.2 NAME	
STREET ADDRESS	11 SUMMER BROOK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROMWELL CT 06476	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDDLE, STEPHEN S	2.2 NAME	
STREET ADDRESS	66 KIPP STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUAIN NY 10514	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, R ALAN	3.2 NAME	
STREET ADDRESS	241 COLD SPRING RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT 06001	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTONE, MICHELLE A	4.2 NAME	MICHAEL A. BARTONE
STREET ADDRESS	8 PROMONTORY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT 06410	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUCK, RICHARD	5.2 NAME	
STREET ADDRESS	10 BARKER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON CT 06037	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, THOMAS J.	6.2 NAME	
STREET ADDRESS	15 LAUREL CREST DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT 06013	6.4 CITY-ST-ZIP	

14. I do 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: **MICHAEL A. BARTONE VP, TAXES** Date: **4/14/97** Daytime Phone: **860-225-5111**

CR2E034 (9/96)