

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000060659 (7)
 1. Corporation Name

SUNSHINE TENT RENTAL, INC.



Principal Place of Business: **9 CROOM ROAD BROOKSVILLE FL 34601**
 Mailing Address: **9 CROOM ROAD BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified: **09/01/1994**
 3a. Date of Last Report: **08/04/1995**

2. Principal Place of Business: **21 6044 Emerson Rd**
 Suite, Apt. #, etc.

2a. Mailing Address: **26 PO Box 351**
 Suite, Apt. #, etc.

4. FEI Number: **59-3275333**
 Applied For: Applied For Not Applicable

22. City & State: **23 Brooksville FL**

27. City & State: **28 Brooksville FL**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

24. Zip: **34601** 25. Country: **Hernando**

29. Zip: **34605** 30. Country: **Hernando**

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

9. Name and Address of Current Registered Agent:
**BATT, MARIA E
 9 CROOM ROAD
 BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent:
 81 Name: **Denise R Rance**
 82 Street Address (P.O. Box Number is Not Acceptable): **6044 Emerson Rd**
 83
 84 City: **Brooksville** **FL** 85 Zip Code: **34601**

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: *Denise R Rance* *Denise R Rance* DATE: **7/25/96**
Signature typed or printed in the office of registered agent and filed if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/>
NAME	BATT, MARIA E	
STREET ADDRESS	9 CROOM ROAD	
CITY - ST - ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	S	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Denise R Rance		
13 STREET ADDRESS	6044 Emerson Rd		
14 CITY - ST - ZIP	Brooksville FL 34601		
21 TITLE	P	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Robert R Rance Jr		
23 STREET ADDRESS	6044 Emerson Rd		
24 CITY - ST - ZIP	Brooksville FL 34601		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Denise R Rance* *Denise R Rance* DATE: **7/26/96** 352 796 5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)