

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 550783

**Entity Name:** CENTRAL FLORIDA EQUIPMENT RENTALS INC.

**Current Principal Place of Business:**

9030 N.W. 97 TERRACE  
MEDLEY, FL 33178

**Current Mailing Address:**

9030 N.W. 97 TERRACE  
MEDLEY, FL 33178

**FEI Number:** 59-1782227

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BAER, ROBERT  
9030 NW 97 TERRACE  
MEDLEY, FL 33178 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT BAER

04/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BAER, JAMES T.  
Address 9030 N.W. 97 TERRACE  
City-State-Zip: MEDLEY FL 33178

Title PRESIDENT, MANAGEMENT AND DEVELOPMENT  
Name BAER, ROBERT  
Address 9030 N.W. 97 TERRACE  
City-State-Zip: MEDLEY FL 33178

Title S  
Name BAER, CAROL  
Address 9030 N.W. 97 TERRACE  
City-State-Zip: MEDLEY FL 33178

Title PRESIDENT, OPERATIONS  
Name BAER, RICHARD  
Address 9030 N.W. 97 TERRACE  
City-State-Zip: MEDLEY FL 33178

Title VP  
Name THERMES, MARCUS C  
Address 9030 N.W. 97 TERRACE  
City-State-Zip: MEDLEY FL 33178

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT BAER

**PRES, MANAGEMENT AND DEVELOPMENT**

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date