FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

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1. Corporation	MENT # 23119 SMITH RENTAL EQUIPMEN	(-)		1 130/10 11300 11000 11000 11000 11000 11000	
Principal Place	of Rusiness	Mailing Address			
Principal Place of Business 1468 N.NOVA ROAD P.O.BOX 765 HOLLY HILL FL 32017		1468 N.NOVA ROAD P.O.BOX 765 HOLLY HILL FL 32017			
				 Date Incorporated or Qualified 12/17/1959 	3a. Date of Last Report 02/27/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
State Ant # oto		26		59-0883129	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution 8. This corporation has liability for int	Added to Fees
24	25	29	30	Florida Statutes Yes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
GADNI	ER, EUGENE C JR		81 Name		
	I. NOVA ROAD		82 Street Addr	ess (P.O. Box Number is Not Acceptable	
	'HILLY, FL		83		
32017					
			84 City	ation submits this statement for the purpo	FL 85 Zip Code
familiar with	n, and accept the obligations of, Sections and accept the obligations of sections of sections are secured agent a	on 607.0505, Florida Statutes	ed by the corporation's poar TE Registered Agent signature required	a or airectors. I hereby accept the appoir	ntment as registered agent. I am
12.	OFFICERS AND	····	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE NAME	PD Garner, Eugene C Jr	☐ DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	325 PHOENIX AVE.		1.2 NAME		
CITY-ST-ZIP	DAYTONA BCH. FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	S	☐ DELFTE	2 1 TITLE		Change Addition
NAME	Garner, Karen L.		2 2 NAME		
STREET ADDRESS	325 PHOENIX AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL		2.4 C(TY-ST-Z)P		
TITLE		☐ DELETE	3. 1 TITLE		☐ Change ☐ Addition
NAME STHEET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3 3 STREET ADDRESS		
TITLE		DELETE	3 4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME		- · · ·	42 NAME		C Ondrigo C Magnitori
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME STORE LANGUEGO			5 2 NAME		
STREET ADDRESS CHTY - ST - ZIP			5 3 STREET ADDRESS	•	
TITLE		DELETE	6 1 TITLE		[] Channa [**] Additi
NAME		[] better	62 NAME		Change Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CiTY - ST - ZiP			6.4 CITY - ST - 7IP		
			shed and does not qualify fo	or the exemption stated in Section 119.07, e and that my signature shall have the sal report as required by Chapter 607, Florid	

SIGNATURE:

SIGNING OFFICER OR DIRECTOR