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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **498396** **(1)**

1. Corporation Name
AERIAL EQUIPMENT RENTAL, INC.

Principal Place of Business
4007 NORTH "W" STREET
PENSACOLA FL 32505

Mailing Address
4007 NORTH "W" STREET
PENSACOLA FL 32505-4043

3. Date Incorporated or Qualified: **03/08/1976**
3a. Date of Last Report: **01/31/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: **59-1654670** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SHIELDS, FRANK
803 ALYSHEBA CIRCLE
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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	**PD**	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	**SHIELDS, FRANK**		12 NAME		
STREET ADDRESS	**803 ALYSHEBA CIRCLE**		13 STREET ADDRESS		
CITY-ST-ZIP	**CANTONMENT FL**		14 CITY-ST-ZIP		
TITLE	**STD**	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	**SHIELDS, CAROLYN**		22 NAME		
STREET ADDRESS	**803 ALYSHEBA CIRCLE**		23 STREET ADDRESS		
CITY-ST-ZIP	**CANTONMENT FL**		24 CITY-ST-ZIP		
TITLE	**VD**	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	**SHIELDS, BRETT FRANKLIN**		32 NAME		
STREET ADDRESS	**5170 CROWSON RD**		33 STREET ADDRESS		
CITY-ST-ZIP	**PENSACOLA FL**		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

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: A. F. Shields A. Frank Shields 1-7-97 904-433-8801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #