FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **575230** **(8)**

1. Corporation Name

D & D RENTALS, INC.

Principal Place of Business

709 W GAINES ST
TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 2476
TALLAHASSEE FL 32316-2476
US

3. Date Incorporated or Qualified: **06/09/1978**

3a. Date of Last Report: **04/07/1995**

4. FEI Number: **59-1829351** ☐ 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

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

9. Name and Address of Current Registered Agent

LAMB,MARION D. JR.
1972 RAYMOND DIEHL RD
TALLAHASSEE FL 32308

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 Sections 607.1203 and 617.1803, 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 607.325, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DOWDEN, HARRY		12 NAME	
STREET ADDRESS	804 SANTA ROSA		13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301		14 CITY ST ZIP	
TITLE	V	☑ DELETE	21 TITLE V	☑ Change ☐ Addition
NAME	RICE, TIM		22 NAME Richard Dowden	
STREET ADDRESS	2133 W. DELLVIEW		23 STREET ADDRESS Rt. 7, Box 1065-D	
CITY ST ZIP	TALLAHASSEE FL 32303		24 CITY ST ZIP Tallahassee, FL 32308	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	BRODEUR, ELYSE		32 NAME	
STREET ADDRESS	1857 HOPKINS DR		33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32303		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 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate. For profit corporations, the name and address of the registered agent and, if applicable, the name and business address of at least one officer or director must be provided. I further certify that the information indicated on this report or supplemental 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 added to the report with an address.

SIGNATURE: Elyse Brodeur, Sec.-Treas. 4/11/96 224-3399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number