

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 # 613052 (0)

1. Corporation Name

MEDICAL EQUIPMENT RENTALS OF CENTRAL FLORIDA, IN
C.

Principal Place of Business

508 CENTRAL AVENUE
CRESCENT CITY FL 32112

Mailing Address

508 CENTRAL AVENUE
CRESCENT CITY FL 32112



3. Date Incorporated or Qualified
03/15/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 406 B. EAST SILVER SPRINGS

26 1125 N. SUMMIT STREET

Suite, Apt. #, etc.

BLVD.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 OCALA, FL

28 CRESCENT CITY, FL

Zip Country

Zip Country

24 34478

25

29 32112

30

4. FEI Number
59-1883626

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

10. Name and Address of New Registered Agent

BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY, FL
32012

81 Name

WILLIAM C. HALDIN, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

808 SOUTHEAST FORT KING STREET

83

84 City

OCALA

FL

85 Zip Code
34471

11. Pursuant to the provisions of Sections 607.0102 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

William C. Haldin, Jr.

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FLETCHER, WARREN D
STREET ADDRESS CEDAR COVE, ROUTE 309
CITY-ST-ZIP GEORGETOWN FL

☐ DELETE

TITLE PD
NAME FLETCHER, JAMES
STREET ADDRESS 4322 NE 11 STREET
CITY-ST-ZIP OCALA FL

☐ DELETE

TITLE V
NAME DONAHUE, HAROLD
STREET ADDRESS 1340 SE 17TH STREET
CITY-ST-ZIP OCALA FL

☐ DELETE

TITLE S
NAME FRAZER, NORMA
STREET ADDRESS 174 MOONLIGHT DRIVE
CITY-ST-ZIP WELAKA FL

☐ DELETE

TITLE V
NAME BUCHAN, GERARD
STREET ADDRESS 508 CENTRAL AVENUE
CITY-ST-ZIP CRESCENT CITY FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Fletcher

4/26/96

352-368-2328

De./Home Phone #

CR2E034 (12/95)